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PROCEEDINGS
OF THE
CONNECTICUT
STATE MEDICAL SOCIETY
1918

126th ANNUAL CONVENTION

HELD AT

HARTFORD, MAY 15th and 16th, 1918

EDITOR

JOHN E. LANE

PUBLISHED BY THE SOCIETY

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The Connecticut State Medical Society does not hold itself responsible for the opinions contained in any article unless such opinions are indorsed by special vote. All communications intended for the Connecticut State Medical Society should be addressed to the secretary, John E. Lane, M.D., 59 College Street, New Haven, Conn.

The next annual meeting of the Connecticut State Medical Society will be held in Bridgeport, May 21st and 22d, 1919.

The next semi-annual meeting of the Connecticut State Medical Society will be held in conjunction with that of the New London County Medical Association at New London, Thursday, October 3, 1918.

TABLE OF CONTENTS.

OFFICERS OF THE SOCIETY, 1918-19,	1
COMMITTEES OF THE SOCIETY, 1918-19,	2
MEMBERS OF THE HOUSE OF DELEGATES,	4
COMMITTEES OF THE SOCIETY, 1917-18,	5
MINUTES OF THE HOUSE OF DELEGATES,	7
(1) Report of the President,	7
(2) Report of the Secretary,	9
(3) Report of the Chairman of the Council,	14
(4) Reports of the Councilors,	16
(a) Fairfield County,	16
(b) Hartford County,	18
(c) Litchfield County,	19
(d) Middlesex County,	20
(e) New Haven County,	21
(f) New London County,	24
(g) Tolland County,	26
(h) Windham County,	27
(5) Report of the Treasurer,	29
(6) Report of the Committee on Public Policy and Legislation,	31
(7) Report of the Committee on Medical Examination and Medical Education,	34
(8) Report of the Committee on Scientific Work,	35
(9) Report of the Committee on Honorary Members and Degrees,	38
(10) Report of the Committee on Arrangements,	38
(11) Report of the Committee on a Sanatorium for the Nervous Poor,	39
(12) Report of the Committee on a State Farm for Inebriates,	39
(13) Report of the Committee on Medical Inspection of Schools,	41
(14) Report of the Committee on National Legislation,	43
(15) Report of the Delegates to the American Medical Association,	45
(16) Report of the Committee on Hospitals,	47
(17) Report of the Committee on the Maryland Plan,	48
(18) Report of the Delegate to Pennsylvania,	49
(19) Report of the Committee on Medical Defense,	50
Minutes of Business Transacted in the Scientific Sessions,	54
The Smoker and the Banquet,	57
President's Address,	61

	Page
Scientific Papers.	
Acute Appendicitis with Observations of Fifty Consecutive Cases. John F. Shea, M.D., Bridgeport,	71
DISCUSSION,	76
Tuberculosis of the Lungs with Especial Reference to the Importance of Adenopathy. James A. Honeij, M.D., New Haven,	82
DISCUSSION,	87
The Medical Profession and the New Public Health. Eugene R. Kelley, M.D., Boston,	90
DISCUSSION,	96
The Federal Campaign against Venereal Diseases. Prof. C.-E. A. Winslow, New Haven,	99
The Work of the Connecticut State Department of Health in the Prevention of Venereal Diseases. John T. Black, M.D., Hart- ford,	104
DISCUSSION,	106
Some Relations of Diet to Disease. Prof. Lafayette B. Mendel, New Haven,	109
DISCUSSION,	114
The Enlarged Thymus Gland in Childhood. Howard W. Brayton, M.D., Hartford,	117
DISCUSSION,	123
Laws Governing the Commitment of the Insane. The Importance of Early Hospital Treatment for Manic-Depressive Cases. White- field N. Thompson, M.D., Hartford,	128
DISCUSSION,	135
Life Insurance—Some Points of Medical Interest. Robert L. Rowley, M.D., Hartford,	140
DISCUSSION,	152
The Physician's Part in the War. Major F. F. Simpson, M.R.C.,	156
Papers Read at Semi-Annual Meeting,	181
Early Syphilis as a Public Health Problem. Walter J. Heimann, M.D., New York,	165
The Problem of Venereal Disease in its Relation to Penal Insti- tutions. Edith R. Spaulding, M.D., Bedford Hills, N. Y.,	175
Syphilis in Relation to Mental Disease. William C. Sandy, M.D., Middletown,	190
PROGRAMS OF COUNTY MEETINGS,	201
Obituaries.	
Jerome S. Bissell, by Abram J. Barker,	207
Patrick J. Cassidy, by L. F. LaPierre,	208

TABLE OF CONTENTS.

vii

	Page
Caroline R. Conkey, by W. L. Barber,	209
Henry Fleischner, by A. G. Nadler,	211
Eli P. Flint, by W. L. Higgins,	214
William S. Gillam, by W. R. Tinker,	216
Henry E. Hungerford, by Edmund Spicer,	217
Kenneth E. Kellogg, by A. E. Abrams,	219
William S. Kingsbury, by H. B. Rising,	221
Thomas J. Lally, by M. J. Lawlor,	223
Adelaide Lambert, by W. P. Lang,	224
Omer LaRue, by S. B. Overlock,	225
Edward B. Lyon, by W. R. Steiner,	227
Edward M. McCabe, by S. J. Maher,	229
Everett J. McKnight, by E. R. Lampson,	231
Matthew C. O'Connor, by J. F. Luby,	234
Anthony Peck, by L. F. LaPierre,	236
Frederic Powers, by F. D. Ruland,	237
Frederick Rogers, by F. E. Guild,	239
Alfred H. Tanner, by W. A. Tanner,	240
Andrew W. Tracy, by E. T. Bradstreet,	241
Henry G. Varno, by M. J. Dowd,	243
Frederick M. Wilson, by Dorland Smith,	244
 Charter and By-Laws,	 249
 APPENDIX.	
 Members of the Society.	
Living Honorary Members,	3
Active Members—County Lists,	4
List of Former Officers,	38
List of Honorary Members,	41
Alphabetical List,	44

OFFICERS OF THE SOCIETY.

1918-1919.

President.

CHARLES J. BARTLETT, M.D., New Haven.

Vice-Presidents.

FRANK E. GUILD, M.D., Windham.

JAMES H. KINGMAN, M.D., Middletown.

Secretary.

JOHN E. LANE, M.D., New Haven.

Treasurer.

PHINEAS H. INGALLS, M.D., Hartford.

Editor of the Proceedings.

JAMES F. ROGERS, M.D., New Haven.

COMMITTEES.

1918-1919.

STANDING COMMITTEES.

COMMITTEE ON SCIENTIFIC WORK.

Eli B. Ives, *Chairman*. Charles W. Gardner.
The Secretary.

COMMITTEE ON MEDICAL EXAMINATIONS AND MEDICAL EDUCATION.

Fritz C. Hyde. Charles A. Tuttle.
John C. Rowley. Seldom B. Overlock.
Robert L. Rowley.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

P. H. Ingalls, *Chairman*. C. J. Foote.
C. C. Gildersleeve. C. E. Simonds.
W. H. Donaldson. James Murphy.
R. S. Goodwin. T. F. O'Loughlin.
The President. The Secretary.

COMMITTEE ON HONORARY MEMBERS AND DEGREES.

S. M. Garlick, *Chairman*. F. K. Hallock.
E. K. Root.

SPECIAL COMMITTEES.

COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

F. K. Hallock, *Chairman*. George Blumer.
John L. Buel. F. T. Simpson.
Charles D. Alton.

COMMITTEE ON A STATE FARM FOR INEBRIATES.

Frank H. Barnes, *Chairman*. Arthur B. Coleburn.
Robert L. Rowley. Fritz C. Hyde.
L. M. Gompertz.

COMMITTEE ON THE MEDICAL INSPECTION OF SCHOOLS.

Edward W. Goodenough, *Chairman*. Thomas G. Sloan.
Charles P. Botsford. Jeremiah J. Cohane.
Dorland Smith.

COMMITTEE ON NATIONAL LEGISLATION.

D. Chester Brown.

COMMITTEE ON MEDICAL DEFENSE.

William R. Miller, *Chairman*. Frank H. Wheeler.
Phineas H. Ingalls.

COMMITTEE ON HOSPITALS.

Philip W. Bill, *Chairman*. George Blumer.
Charles A. Tuttle. Walter R. Steiner.
Wilder Tileston.

WAR COMMITTEE.

D. Chester Brown, *Chairman*. Walter R. Steiner.
Charles C. Godfrey. Frank H. Wheeler.
Edward K. Root. George Blumer.
M. M. Scarbrough.
The President. The Secretary.

SUB-COMMITTEE ON MARYLAND PLAN.

D. Chester Brown. The Secretary.

COMMITTEE ON PUBLICATION.

Walter R. Steiner, *Chairman*. The Editor of the Proceedings.
The Secretary.

AUDITORS.

Walter R. Steiner. Thomas F. Rockwell.

DELEGATES.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

D. Chester Brown. John E. Lane.

DELEGATES TO STATE ASSOCIATIONS.

MAINE.	RHODE ISLAND.
L. M. Gompertz.	J. D. Gold.
NEW HAMPSHIRE.	NEW YORK.
F. G. Graves.	F. H. Barnes.
VERMONT.	PENNSYLVANIA.
J. W. Avery.	J. W. Felty.
MASSACHUSETTS.	NEW JERSEY.
W. H. Carmalt.	T. E. REEKS.

HOUSE OF DELEGATES.

COUNCILORS.

FAIRFIELD COUNTY.

FRANK W. STEVENS.

FRANK H. BARNES, *Acting Councilor.*

HARTFORD COUNTY.

WALTER R. STEINER.

LITCHFIELD COUNTY.

ELIAS PRATT.

MIDDLESEX COUNTY.

GEORGE N. LAWSON.

NEW LONDON COUNTY.

CHARLES C. GILDERSLEEVE.

NEW HAVEN COUNTY.

WILLIAM H. CARMALT.

TOLLAND COUNTY.

THOMAS F. ROCKWELL.

WINDHAM COUNTY.

ROBERT C. WHITE.

DELEGATES.

FAIRFIELD COUNTY.

H. S. Miles.

J. D. Gold.

P. W. Bill.

W. H. Donaldson.

G. H. Warner.

W. C. Watson.

J. W. Avery.

HARTFORD COUNTY.

E. R. Lampson.

G. N. Bell.

J. B. Boucher.

S. W. Irving.

A. S. Brackett.

J. A. Coogan.

G. C. Segur.

PROCEEDINGS.

LITCHFIELD COUNTY.

W. S. Richards.

Robert Hazen.

MIDDLESEX COUNTY.

F. K. Hallock.

F. E. Potter.

NEW HAVEN COUNTY.

G. Blumer.

E. S. Moulton.

H. Thoms.

F. N. Loomis.

H. L. Swain.

L. M. Gompertz.

M. Mailhouse.

F. G. Graves.

R. B. Goodyear.

E. H. Arnold.

NEW LONDON COUNTY.

W. K. Tingley.

C. F. Ferrin.

TOLLAND COUNTY.

F. W. Walsh.

WINDHAM COUNTY.

S. B. Overlock.

C. E. Simonds.

STANDING COMMITTEES.

1917-1918.

COMMITTEE ON SCIENTIFIC WORK.

Ernest A. Wells, *Chairman*.

Eli B. Ives.

The Secretary.

COMMITTEE ON MEDICAL EXAMINATIONS AND MEDICAL EDUCATION.

J. Francis Calef.

Charles A. Tuttle.

Fritz C. Hyde.

John C. Rowley.

Seldom B. Overlock.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

E. J. McKnight, *Chairman*.

Ralph S. Goodwin.

C. J. Foote.

Frank K. Hallock.

C. C. Gildersleeve.

Eli P. Flint.

W. H. Donaldson.

C. E. Simonds.

The President.

The Secretary.

COMMITTEE ON HONORARY MEMBERS AND DEGREES.

Max Mailhouse, *Chairman*.

S. M. Garlick.

F. K. Hallock.

SPECIAL COMMITTEES.

COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

Frank K. Hallock, *Chairman*. George Blumer.
 John L. Buel. Frederick T. Simpson.
 Charles D. Alton.

COMMITTEE ON A STATE FARM FOR INEBRIATES.

Frank H. Barnes, *Chairman*. Charles J. Bartlett.
 Robert L. Rowley. Arthur B. Coleburn.
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 Charles P. Botsford. J. J. Cohane.
 Dorland Smith.

COMMITTEE ON NATIONAL LEGISLATION.

D. Chester Brown.

COMMITTEE ON MEDICAL DEFENSE.

William R. Miller, *Chairman*.
 Everett J. McKnight. Frank H. Wheeler.

COMMITTEE ON HOSPITALS.

Philip W. Bill, *Chairman*.
 Charles A. Tuttle. Fritz C. Hyde.

COMMITTEE ON MARYLAND PLAN.

D. Chester Brown, *Chairman*. The Secretary.

COMMITTEE ON PUBLICATION.

Walter R. Steiner, *Chairman*.
 The President. The Secretary.

AUDITORS.

Walter R. Steiner. Thomas F. Rockwell.

MINUTES OF THE HOUSE OF DELEGATES.

FIRST SESSION.

The first meeting of the House of Delegates was held at the Hunt Memorial Building, Hartford, at 10.15 A. M., on Wednesday, May 15, 1918. The following officers and delegates were present during the meeting: President, E. K. Root; Vice-President, C. C. Godfrey; Secretary, J. E. Lane; Treasurer, P. H. Ingalls; Councilors, F. H. Barnes, Fairfield County; G. N. Lawson, Middlesex County; W. H. Carmalt, New Haven County; C. C. Gildersleeve, New London County; R. C. White, Windham County. Delegates: Fairfield County, H. S. Miles, J. D. Gold, P. W. Bill, W. H. Donaldson, W. C. Watson, J. W. Avery; Hartford County, G. N. Bell, J. B. Boucher, S. W. Irving, J. A. Coogan, G. C. Segur; Litchfield County, W. S. Richards, R. Hazen; Middlesex County, F. K. Hallock, F. E. Potter; New Haven County, G. Blumer, M. Mailhouse, E. S. Moulton, F. G. Graves; New London County, W. K. Tingley, C. F. Ferrin; Tolland County, F. W. Walsh; Windham County, S. B. Overlock, C. E. Simonds.

The following reports were read, accepted, and ordered on file:

(The reports of the Councilor of Litchfield County and of Tolland County, and the reports of the Committee on Medical Examinations and Medical Education, the Committee on Arrangements, the Committee on Medical Defense, were not read at the meeting.)

(1) Report of the President, Dr. Edward K. Root (Hartford).

REPORT OF THE PRESIDENT.

Gentlemen and Members of the House of Delegates:

My report to you as President will necessarily be brief as you have many important questions to consider during this session. The responsibilities thrust upon me by my election to the office

I hold have not proved onerous; they have proved most agreeable and profitable. It has been my good fortune to be able to attend the meetings of all the component County Societies, except the New London County Medical Association, which I regret to say, I was not able to attend. The County meetings have been well attended. The papers and discussions have been admirable, and neither commendation, which is superfluous, nor criticisms, which are uncalled for, are ventured upon at this time.

I also had the pleasure of attending the convention and annual dinner of the Massachusetts Medical Society held in Boston, May 12th, 1917, where the papers read and discussed were fully up to the high standard of that ancient organization. It is noteworthy that both at the meeting of the Massachusetts Medical Society as well as nearly all of our County meetings the tendency is growing of inviting addresses from members out of the state, or at least, out of the society in session. This custom has its advantages; it also has its disadvantages. The advantages are obvious enough; it brings new light from an outside luminary to enliven the discussion and contribute to the general fund of knowledge; it relieves the local members of the society in question, at least one of them, from the labor of preparing a paper and having it discussed before his brethren; it offers a very tempting and dangerous precedent to turn the Society into a lecture lyceum where the members simply come to listen. A happy medium between the two extremes is obviously the safest and wisest course for our component County Societies to take.

During the past year all our efforts and energies have been increasingly engrossed in the great world conflict—the war. You will hear in detail of the numbers of our members who are now serving with the colors at home and abroad, and of the additions that must be made to their ranks from time to time.

At our last annual meeting the war was too new for any official action to be taken, but I beg to suggest, and I recommend to this Society, that as a very slight appreciation of the patriotism and self-sacrifice of members absent serving with the colors that their dues be remitted until they return to civil life.

Respectfully submitted,

EDWARD K. ROOT,
President.

(2) Report of the Secretary, Dr. John E. Lane (New Haven):

REPORT OF THE SECRETARY.

Mr. President and Members of the House of Delegates:

The Semi-Annual Meeting of this Society was held at Willimantic on October 18, 1917, in conjunction with the Windham County Medical Society, together with the Connecticut Society of Social Hygiene and the Connecticut Society for Mental Hygiene. The general subject of the meeting was syphilis, and the character of the papers was such that your Committee on Publications decided to publish them in the Proceedings of this year, in order that they might reach physicians and others who were unable to attend the meeting. A limited number will also be published in pamphlet form for use in stimulating public interest in the necessity for the better control of the disease in this State.

The Semi-Annual and the Annual County Meetings have been well attended. The Secretary has attended meetings in four of the Counties, Fairfield, Litchfield, New Haven and Windham.

The past year has been one of great activity for the officials and for most of the members of the Society as nearly all of them have been engaged in work more or less directly connected with National Defense. The details of this work will be given by Capt. D. Chester Brown, who has given unremitting service as Medical Aid to the Governor, as Chairman of the Medical Section of the State Committee of National Defense, and as Chairman of the Maryland Plan Committee.

The work of the Secretary's Office has probably been greater than in any previous year, and hence it is probable that the expenses have been heavier than ever before, in spite of a continual effort to make them as small as possible. The cost of printing and of postage has increased, and the printing and correspondence has been greater because of the activity of the Society in the work just referred to. The amount of clerical assistance has also of necessity been greater. This work will undoubtedly continue to increase during the coming year. With the remission of dues, which has been recommended for all members in ser-

vice, an increase in dues or an assessment is probably unavoidable for the coming year.

The Secretary has received a letter from Dr. Richard P. Strong and one from Dr. Hermann M. Biggs asking him to convey to the House of Delegates the acceptance of and appreciation for their election as Honorary Members of this Society.

The House of Delegates at its last meeting directed the Publication Committee (which in this case was intended for a euphemism for the Secretary) to have the material for the Proceedings ready for the printer within sixty days after the meeting, and directed them to put the printer under contract to deliver the Proceedings within thirty days.

According to these directions the copy should have been in the hands of the printer on July 23d. On July 3d the corrected page proof, ready for printing, was in the hands of the printer. According to these directions the Proceedings should have been sent out on August 22d. The first copies were mailed on July 18th, fifty-six days after the meeting, and the rest a few days later.

In order to save trouble for future editors, the Secretary is willing to submit to the risk of the censure of the House of Delegates by frankly admitting that he completely ignored the directions of that body. In his opinion it would be impracticable, if not impossible, for any printer to publish the Proceedings within thirty days of the time of receiving the copy, unless they were to be published with no proof reading by the authors or by the Secretary. The problem is to get the copy into the printer's hands early, so that much of it can be put into type before the meeting. From the present printers the Secretary has had nothing but the most active and willing coöperation, and proof and printing have always been ready when promised.

The Secretary can practically assure the House of Delegates that this year the Proceedings will appear earlier than last year.

The directory, corrected to the date of the April meetings of the County Societies, has already been published and some copies have been distributed in pamphlet form. This was done on account of the urgent demand from various individuals and organizations for a correct list. A few copies are still available.

A large amount of other material for the Proceedings is already in type, ready for printing. A considerable number of changes have been made in the directory with the intent of increasing its usefulness. The chief change is the rearrangement of names, putting them in alphabetical order. The search for a name in the large towns of the County lists has hitherto come to a successful conclusion about as frequently as does a game of solitaire.

From his experience with the publication of last year's Proceedings, the Secretary is firmly convinced that when a change of Secretary takes place, the retiring Secretary should be made the editor of the Proceedings for that year if the offices of Secretary and Editor continue to be filled by the same individual.

Immediately following the Annual Meeting there is a very large amount of Secretarial work to be done, notification of Committees, reports to the American Medical Association, etc.

This work occupies a good deal of time, even if one is familiar with it. To expect a new Secretary, unfamiliar with the work, to do this, and then to bury him under a mass of unprepared, unarranged material, and expect him to promptly publish Proceedings which shall be a credit to the Society or to himself—is to have an unwarrantedly high opinion of the amount of work it is possible for him to do. Hence no apology is offered for the numerous mistakes in the Proceedings of last year.

During the past year the following deaths have been reported by the Secretaries of the County Associations:

Jerome S. Bissell, Torrington.
Patrick J. Cassidy, Norwich.
Edwin F. Danielson, Lebanon.
Henry Fleischner, New Haven.
Eli P. Flint, Rockville.
William S. Gillam, South Manchester.
Henry E. Hungerford, Waterbury.
E. W. Karrman, Cheshire.
Kenneth E. Kellogg, New Britain.
W. S. Kingsbury, Glastonbury.
Adelaide Lambert, New Haven.
Omer LaRue, Putnam.
E. B. Lyon, Hartford.
E. M. McCabe, New Haven.
E. J. McKnight, Hartford.

M. C. O'Connor, New Haven.
 Francis Powers, Westport.
 Frederick Rogers, Willimantic.
 A. H. Tanner, Brooklyn.
 Andrew W. Tracy, Meriden.
 Henry G. Varno, Thompsonville.
 F. M. Wilson, Bridgeport.

The following new members have been admitted to the Association:

Theron R. Bradley, Univ. Md., 1914, South Norwalk.
 John S. Dye, Vanderbilt, 1900, Waterbury.
 John E. Flaherty, Georgetown, 1908, Rockville.
 Alfred R. Hewitt, Univ. Syracuse, 1914, Stamford.
 James A. Honeij, Tufts, 1907, New Haven.
 Charles H. Kingsbury, Univ. Vt., 1899, Danielson.
 Charles W. Knapp, P. & S., N. Y., 1912, Greenwich.
 H. W. McElman, Boston Univ., 1910, Meriden.
 Louis O. Morasse, Victoria, 1884, Putnam.
 Edward R. Roberts, Bowdoin, 1913, Bridgeport.
 William C. Sandy, P. & S., N. Y., 1901, Middletown.
 Gilbert Tyson Smith, Univ. Md. 1897, Mansfield Depot.
 H. W. Ward, Balt. Med. Coll., 1903, Winsted.

The following table shows the present membership and the changes which have taken place in the membership during the past year:

County Associations	Total Membership	New Members	Reinstatements	Added by Transfer	Died	Removed or Resigned	Suspended or Dropped	Gain	Loss
Fairfield County	210	4	0	0	2	0	3	0	1
Hartford County	241	0	0	0	6	1	4	0	11
Litchfield County	69	1	0	0	1	3	0	0	3
Middlesex County	49	1	0	0	0	0	0	1	0
New Haven County	326	3	0	0	7	1	4	0	9
New London County	66	0	0	0	2	1	0	0	3
Tolland County	18	3	0	1	1	1	0	2	0
Windham County	37	2	0	0	3	0	0	0	1
Totals	1016	14	0	1	22	7	11	3	28

The net loss in membership is 26.

The Secretary desires to express his appreciation to the County Secretaries for their coöperation and assistance, particularly in the matter of prompt reports and in the correction of the directory, and to the various officers of the Society for assistance in all the numerous difficulties in which their help has been necessary. He also wishes especially to thank those chairmen of committees, and speakers at this meeting, who have handed in their reports and addresses before the meeting so that they are now in the hands of the printer.

A few weeks ago the Surgeon General of the Army requested the aid of the American Medical Association in raising 5,000 additional physicians for the Army. A meeting of the State Secretaries was called in Chicago for devising methods of doing this with as little disturbance of civilian population as possible.

Your Secretary attended this meeting on the 30th of April, having gone with the instruction from your Council to offer the resources of this Society in this work. The plans which were formulated have already been published in the Journal of the American Medical Association, so it is not necessary to describe them in detail here.

As already stated, the amount of the work of the Secretary's office is large and constantly increasing. It is more than the present Secretary can possibly continue to do. His intention was to decline a re-nomination. As, however, it seemed to some members of the Council that the change to a Secretary who might not be familiar with the work of Medical Defense in which the Society is engaged, would possibly interfere with this work, he has not done so, for no personal consideration can be allowed to interfere with the work we now have before us.

If you will elect a Secretary who can better carry on this work, without interfering with more important work, the present Secretary will be pleased to be relieved.

If you consider it important to continue him in office, it will be necessary to secure assistance for him, and he would respectfully suggest the election of an Editor of the Proceedings, who will also serve as Assistant Secretary, relieving him of a large part of the routine work of the office.

Respectfully submitted,

JOHN E. LANE,
Secretary.

(3) Report of the Chairman of the Council, Dr. William H. Carmalt (New Haven):

REPORT OF THE CHAIRMAN OF THE COUNCIL.

Mr. President and Members of the House of Delegates:

The Council met on May 24, 1917, immediately after the adjournment of the Society for organization. Dr. W. H. Carmalt was elected Chairman and Drs. W. R. Steiner and C. J. Bartlett, with the Secretary, to the Publication Committee, and Dr. Steiner and Dr. T. F. Rockwell were reelected Auditors. The salary of the Secretary was continued at \$150.

Another meeting of the Council was held at Hartford on Saturday, April 27, 1918, at which Drs. Carmalt (Chairman), Steiner, Lawson, Rockwell, Gildersleeve, and Barnes were elected Councilors; and Drs. Root (President), and Lane (Secretary), *ex-officio*, were present.

In the report of the Chairman of the Council for last year the following appears on page 21: "The following vote was passed, viz.: That members enlisted in public service by the Government be exempt from dues during their term of service."

For some reason, unexplained, no action was taken by the House of Delegates and the Council reported its recommendation and asks its adoption at this meeting. About 250 have been recommended for commissions.

A letter from the Treasurer, Dr. Ingalls, to the Secretary was read, relating to the finances of the Society. Therefore, after free discussion, and in view of the probable adoption by the House of Delegates of the above resolution, and of the very narrow margin in the Treasurer's hands, it was voted to recommend to the House of Delegates, 1st, That they authorize the use of the income of the Gurdon Russell Fund for current expenses and, 2d, That they authorize the Council, after consulting with the Treasurer, to levy an assessment not to exceed \$2.00 on the members of the Society during the coming year whenever it may be necessary.

It was recommended on account of the inaccessibility of Tol-

land County as a place of meeting and of the probability that important business would come up, making it necessary for the attendance of a large number of members, that the semi-annual meeting be held in New London County.

It was voted to recommend that the next Annual Meeting be held in Bridgeport on Wednesday and Thursday, May 21 and 22, 1919.

The following nominations were made:

President.

CHARLES J. BARTLETT, M.D., New Haven.

Vice-Presidents.

FRANK E. GUILD, M.D., Windham.

JAMES H. KINGMAN, M.D., Middletown.

Secretary.

JOHN E. LANE, M.D., New Haven.

Treasurer.

PHINEAS H. INGALLS, M.D., Hartford.

Committee on Scientific Work.

Chairman, ELI B. IVES, M.D., Bridgeport.

CHARLES W. GARDNER, M.D., Bridgeport.

THE SECRETARY.

Committee on Medical Examinations and Medical Education.

ROBERT L. ROWLEY, M.D., Hartford (to succeed J. FRANCIS CALEF, M.D.).

Committee on Public Policy and Legislation.

Chairman, P. H. INGALLS, M.D., Hartford County.

W. H. DONALDSON, M.D., Fairfield County.

R. S. GOODWIN, M.D., Litchfield County.

JAMES MURPHY, M.D., Middlesex County.

C. J. FOOTE, M.D., New Haven County.

C. C. GILDERSLEEVE, M.D., New London County.
T. F. O'LOUGHLIN, M.D., Tolland County.
C. E. SIMONDS, M.D., Windham County.

Committee on Honorary Members and Degrees.

Chairman, SAMUEL M. GARLICK, M.D., Bridgeport.
FRANK K. HALLOCK, M.D., Cromwell.
EDWARD K. ROOT, M.D., Hartford.

Delegates to the American Medical Association.

D. CHESTER BROWN, M.D., Danbury.
JOHN E. LANE, M.D., New Haven.

Respectfully submitted,
W. H. CARMALT,
Chairman.

(4) Reports of the Councilors from the different County Societies of the State:

REPORTS OF THE COUNCILORS.

(a) Fairfield County, by Dr. F. H. Barnes:

Mr. President and Gentlemen of the House of Delegates:

Since the last report of our councilor we have admitted eight new members to our organization. We have lost two members by death, leaving a net gain of six. The total membership is 215.

The Society had a special meeting May 1, 1917, which was largely attended. Matters pertaining to the war were taken up at that time. It is not my purpose in this report to say much about the war work of the Association as we have with us Captain Brown, Chairman of the State Committee of National Defense, Medical Section. It is my understanding that he will give you definite information relative to the activities of that body in Fairfield County during the past year. The usual hospital activities have been kept up but the war activities have been the prominent feature of the medical work during this period.

November, 1917, the new Greenwich Hospital was opened for service at Greenwich, Conn. This institution replaced the two older hospitals. It was presented to the city by Commodore E. C. Benedict, one of its oldest and best known residents. At the opening exercises many physicians from neighboring cities were present. They were extended every courtesy by the medical staff and gave the hospital a thorough inspection. It is a beautiful building of fire-proof construction, concrete and terra cotta. The present accommodation is for about eighty beds; later on the accommodation will be increased to 100 beds. The hospital has every convenience, both medical and surgical.

At Norwalk, Conn., a new hospital is being erected which will be opened on or about June 1, this year. It is a handsome brick building of fire-proof construction. It was erected by popular subscription, also an appropriation by the State of \$25,000. It has accommodations for sixty patients, with every convenience. These two hospitals will help materially to give the medical profession of Norwalk and Greenwich better facilities for their work. The said cities are to be congratulated on these splendid additions to their medical equipment.

The contract for the new Bridgeport Isolation Hospital, to cost \$200,000, was to be let on April 1. It is to have a fine location in the northern part of the city, on high ground.

October 9, 1917, the fall meeting of the Society was held at Danbury, Conn. We were guests of the Danbury Medical Society. The meeting was a very interesting one and there was a good attendance. We had a very fine lunch at the Hotel Green.

The spring meeting was held at the Stratford Hotel, Bridgeport, Conn., on Tuesday, April 9, 1918. A good programme was provided and the meeting was a very enjoyable one. Nearly sixty members of the Society were present during the session.

It would seem to your acting councilor that the opportunities for active work by our profession in this county were never better and the year shows marked progress in the hospital line.

Respectfully submitted,

F. H. BARNES, M.D.

Acting Councilor.

(b) Hartford County, by Dr. Walter R. Steiner:

Mr. President and Gentlemen of the House of Delegates:

The past year has seen a falling off in the attendance of the two County medical meetings. This has been due to the advent of a number of our members into the Medical Officers' Reserve Corps, and to the fact that their absence has placed additional obligations upon the members who have been left behind. Consequently, it is difficult for many of them to attend the meetings as regularly as formerly. Two very interesting meetings, however, have been held. At our fall meeting Dr. L. F. Barker, Professor of Clinical Medicine at the Johns Hopkins Medical School, Baltimore, gave a very interesting talk on "Main Clinical Syndromes Due to Disturbances of the Glands of Internal Secretions"; while at our spring gathering at the Hartford County Tuberculosis Sanatorium, we were made better acquainted with the "Treatment of Haemoptysis by Quinine," by Dr. Strobel's paper, and with the work of the other State Sanatoria for Tuberculosis by Dr. Dineen's paper on "Blood Pressure in Tuberculosis."

The following thirty-one men have entered their Country's service in the Medical Officers' Reserve Corps: Doctors Julian L. Birdsong, Charles C. Burlingame, R. B. Cox, John B. Griggs, Roger Griswold, LeVerne Holmes, Arthur B. Landry, James R. Miller, Walter G. Murphy, William R. Miller, John B. McCook, James F. O'Brien, William R. Owens, Frank J. Ronayne, William Reardon, James F. Rooney, John C. Rowley, Alfred M. Rowley, Ansel G. Cook, Philip D. Bunce, William Levy, Frank L. Lawton, Henry F. Hall, John F. Sagarino, Robert S. Starr, Edward Truex, Otto G. Wiedman, Paul Waterman, James C. Wilson, Donald Wells, and Robert Yergason.

Besides the above names there are twenty-seven more of those who are doing their bit in the United States Selective Service. Doctors Phineas H. Ingalls, Thomas F. Welch, James H. Naylor, Charles C. Beach, George N. Bell, Frederick T. Simpson, Thomas N. Hepburn, Henry C. Russ, Arthur C. Heublein, E. Terry Smith, Thomas H. Gallivan, James Murphy, H. Gildersleeve

Jarvis, Orin R. Witter, and Walter R. Steiner, of Hartford; Henry T. Bray, George H. Bodley, George W. Dunn, and Clifton M. Cooley, of New Britain; Benedict N. Whipple, of Bristol; William R. Miller, of Southington; William E. Caldwell, of West Suffield; Richard A. Outerson, of Windsor Locks; Thomas G. Alcorn, Thornton E. Vail, and Frank A. Simonton, of Thompsonville, and Dr. Franklin H. Mayberry, of East Hartford. In addition to these there are numerous doctors who have volunteered to help the various local boards in their examination of registrants.

With this temporary loss in the number of our County members those who remain are striving to attend to their own work and to keep the practice together of those doctors who are away in their Country's service.

It is the duty of these who remain to keep alive the interest in the City, County, and State Medical Societies, and also to do their part on the Selective Service of the Local, Medical Advisory, District Boards, and other activities in making the world free from the atrocities and barbarisms which threaten to overwhelm it.

Our membership is now 242. The report of our County association is given in that of our State Secretary so we need not present any more statistical data.

Among those who have died during the year we select for special mention the name of Dr. Everett J. McKnight. He was untiring in his interest in matters medical in the State and the part he played in all that was best in medicine by his personal efforts, at large and in legislative halls, among his fellow practitioners and the citizens of Connecticut, will not soon be forgotten. It will be most difficult to fill his place.

Respectfully submitted,

WALTER R. STEINER,
Councilor.

(c) Litchfield County, by Dr. Elias Pratt:

(Owing to the illness of the Councilor of Litchfield County, no report was received in time for insertion here.—EDITOR.)

(d) Middlesex County, by Dr. George N. Lawson :

Mr. President and Members of the House of Delegates:

The Middlesex County Medical Association has a membership of 48.

At our semi-annual meeting the addresses, besides those from our home members, were given by three invited guests: Dr. E. K. Root spoke of the duties of physicians as individuals and as an organized group of trained citizens; Dr. C. C. Godfrey presented the work of the Committee on Sanitation and Medicine of the Conn. State Council of Defense; and Dr. E. Edwin Lewis, of New York, told us of some lessons the war is teaching. The question of holding monthly meetings of the County Association during the war was taken up and it was decided that it would not be wise to do so, as the Central Medical Society was planning to hold monthly meetings and to invite to them all the physicians of the County of all schools of medicine.

At our annual meeting the invited speaker was Dr. J. W. Churchman who gave us a very interesting illustrated address on the care of the wounded in the present war. It was voted to endorse the Owen-Dyer bill, now before Congress, and letters were read from our senators and congressmen pledging their support. Two matters of special interest were taken up which I recommend to all the County Associations that have not already taken such steps. (1) It was voted to invite all physicians of the County of whatever school of medicine to attend our meetings. The days of bigotry in medicine are passing. War work is just now bringing us all together in common effort. The time seems to have come to hold out a cordial hand to all educated physicians. (2) Spurred on by the enviable example of Hartford County, though not expecting to match its results, a move was started and a committee appointed to collect and devise methods for the preservation of the medical records of the County, the history of its physicians and any interesting medical books and papers. Such a move should be made in each County or much valuable material will be lost.

The Central Medical Society has held interesting monthly

meetings, usually supplementing home talent with an address by some guest.

Our hospital again finds itself cramped for room and the corporators have organized a campaign to raise funds for its enlargement. More nurses are being trained and our nurses' home has been overflowing. A house has just been purchased adjoining the hospital property and it is being refitted as an additional home for the increasing number of nurses. Through the kindness of the visiting medical and surgical staff weekly clinics have been held at the hospital to which the physicians of the County have been invited. The hospital has offered free service in remedying minor defects which would prevent acceptance to the Army or Navy. This offer has been availed of in one instance.

I think the majority of our physicians under the age of 55 have volunteered for the Medical Officers' Reserve Corps and 13 are now in some branch of the service; seven of these are members of our County association. Most of the rest of us have been more or less engaged in various kinds of war work at home. The physicians of Middletown and vicinity have organized to meet the needs of any local disaster. With the coöperation of the Red Cross and the Home Guards arrangements have been made for two or three temporary emergency hospitals with the necessary cots and other supplies and for ambulances and trucks.

Respectfully submitted,

GEORGE N. LAWSON,
Councilor.

(e) New Haven County, by Dr. William H. Carmalt:

Mr. President and Members of the House of Delegates:

The two regular meetings of the New Haven County Medical Association were held in Waterbury and New Haven on October 25th, 1917, and April 25th, 1918, respectively. The annual meeting in New Haven was characterized by the papers dealing exclusively with war subjects, viz.: "Trench Fever," by

Dr. Wilder Tileston; "The War Menace of Pellagra," by Dr. Thomas M. Bull; "Shell Shock," by Dr. A. R. Diefendorf; "The Carrel-Dakin Treatment," by Dr. E. H. Arnold; "Gas Gangrene," by Dr. John W. Churchman.

Four new members have been elected, and one added by transfer from another county. Seven have died, viz.: Drs. Henry E. Hungerford, Thomas J. Lalle and Caroline P. Conkey, of Waterbury; Dr. Edward W. Karrman, of Cheshire; Dr. Andrew W. Tracy, of Meriden, and Drs. Henry Fleischner, Adelaide Lambert and Edward M. McCabe, of New Haven. Four members have been dropped for non-payment of dues, and one has resigned, leaving a membership of 330.

The Clerk reports:

Amount collected in taxes laid May, 1917	\$762.00
Amount collected in taxes in arrears	72.00
	<hr/>
	\$834.00
Less 10% to County Association from amount paid State Treasurer	83.40
	<hr/>
	\$ 750.60
Total receipts, including balance from last report	\$1,009.23
Expenditures to April 17, 1918, including amount paid Treasurer	915.34
	<hr/>
	\$ 93.89
On deposit in savings banks	719.87
	<hr/>
Total balance April 17, 1918	\$813.76

The matters of professional interest of most importance relate almost entirely to the war, and as these will be treated of by those officially interested, anything I might say would be but a repetition. Suffice it here to state that so far as reported, 55 members are in the service of the government in one capacity or another out of a membership as above of 330.

The various general hospitals throughout the county are all doing good work and are generally filled to their capacity, showing that the former prejudice against them is steadily and sanely disappearing.

The tuberculosis sanatoria for incipient and moderately

advanced cases also are well filled and increasing in size. In this connection I beg to refer to my report of last year in which it was stated that the tuberculosis department of the New Haven Hospital was approaching completion. It gives me pleasure to report its completion and occupancy by United States soldiers, and that the anonymity accompanying it has been removed. In 1909 Mr. Eli Whitney, then the President of the General Hospital Society of Connecticut, which is the corporate name for the New Haven Hospital, received, without previous intimation, a check for \$300,000 from Mrs. Sarah L. Winchester of Menlo Park, California, stating she wished the Society to undertake the building of a tuberculosis hospital as a memorial to her late husband, William Wirt Winchester, and that it should bear his name. The Hospital Society was given a free hand as to location and character of buildings. Without burdening you with details, let me simply report that the development of her wishes has resulted in her giving, altogether, \$1,325,000 for the building and endowment of, what is acknowledged to be, the most complete hospital for the treatment of advanced cases of tuberculosis in the country. It has a capacity for 100 patients of that class.

A few weeks before the completion of the buildings the United States government asked to lease the hospital and grounds for the care of tuberculous soldiers. With the consent of Mrs. Winchester this was done and it is now occupied by United States soldiers known as United States Military General Hospital, No. 16. It is under the command of Major Alexius M. Forster, Medical Reserve Corps, at one time Acting Superintendent of the Gaylord Farm Sanatorium at Wallingford, and has at present over 200 soldier patients under treatment. These are nearly all in the incipient stages or, it may be, simply suspected cases under observation. Many are being returned to service. Most come from France though some are from cantonments and service on this side. It is a matter of gratification to the General Hospital Society that it was thus able to furnish to the government a hospital designed for the treatment of tuberculosis and of congratulation by the Surgeon-General's office to find one so complete, fresh and ready at hand for occupancy.

As the above described government cases are never of the advanced class, but start in fairly robust men, their stay in the hospital is usually short and the population is necessarily more or less shifting, the cases not requiring the same isolation and intensive care of those for which the hospital was originally intended. The government has decided to utilize the unoccupied grounds and has also purchased or leased adjoining property to put up temporary wooden shacks, so as to accommodate a much larger number, perhaps 800 or 1,000, under a single administrative command.

Respectfully submitted,

WILLIAM H. CARMALT,

Councilor.

(f) New London County, by Dr. C. C. Gildersleeve:

Mr. President and Gentlemen of the House of Delegates:

The oldest medical society in Connecticut, the New London County Medical Association, has striven to hold its own during the past year.

This association had sixty-nine members last year; we have lost two members by death and one by resignation, Dr. E. P. Brewer, who is in poor health and spends much of his time in Florida.

The past year, considered from all angles, has been a successful year. The semi-annual meeting of the society was held at the Wm. W. Backus Hospital, Norwich, and was well attended.

The annual meeting was held at the Crocker House, in New London, and was not well attended.

We lost, by death, two members:—Edwin Ford Danielson, M.D., of Lebanon, who had been unable to meet with the society for many years. Patrick J. Cassidy, M.D., a graduate of Yale and Johns Hopkins Universities, and son of Patrick Cassidy, M.D., one of our honored Vice-Presidents and Dean of the medical fraternity of Norwich,—a man of culture, naturally lovable, ethical, an indefatigable worker for the medical fraternity, a

surgeon, whose ability was recognized beyond the confines of Norwich, was cut down in the prime of life. His death is a distinct loss to the profession of Norwich, New London County and the State.

All the hospitals of the county have had a very busy year, the Norwich State Hospital having extra work to do, under the new Superintendent, Dr. Wilcox, on account of the fire at the Connecticut Hospital for the Insane.

The Norwich Tubercular Hospital always has a waiting list and Superintendent Hugh Campbell, M.D., has been a very busy man during the year.

The Wm. W. Backus Hospital of Norwich has extended free service to prospective soldiers and has established a venereal clinic.

The Lawrence Memorial Hospital of New London has been crowded with patients and Dr. Sullivan and his conferees have had a very busy year.

It is unfortunate for New London that the Government has leased the Memorial Hospital, in that New London has now no place to care for contagious diseases.

A recent speech of the President of Holy Cross College of Worcester, Mass., delivered in Norwich, seems to be so fitting for New London County and Connecticut, that I take the liberty of quoting, in part: The medical fraternity, as well as the laity of New London County, realize to-day, that to-day, in order to make Democracy safe for all time, the supreme test in all our history is now being made in the minds and hearts of our people. Never before have we been brought face to face with such a crisis in our national life and never has the nation stood in need of clearer vision and stronger courage than in this hour.

The man that stands beneath the Star Spangled Banner, beneath that emblem of our liberties, the man that takes that sacred standard in his hands, can never, according to our American minds, be too worthy of it, whatever be his education, his environment, his character.

When his country's honor is at stake, when her safety is to be guarded, her preservation maintained, no sacrifice is too

heroic, no labor too difficult, no obedience too irksome, no annihilation too profound. "Sacrifice" is the call from the soul of America. "Service" is the reply from the heart of the people.

I am informed that New London County was the first county to fill its quota for the M. R. O. C.

We have in service: H. M. Lee, M.D., New London; G. P. Cheney, M.D., New London; J. M. Gandy, M.D., New London; W. H. Gray, M.D., Mystic; E. J. Howland, M.D., Colchester; F. E. Wilson, M.D., Montville; J. S. Blackmar, M.D., Norwich; J. W. Callahan, M.D., Norwich; W. T. Driscoll, M.D., Norwich.

Respectfully submitted,

CHAS. CHILD GILDERSLEEVE,
Councilor.

(g) Tolland County, by Dr. Thomas F. Rockwell:

Mr. President and Gentlemen of the House of Delegates:

There is very little of interest to report in regard to work in Tolland County.

The Tolland County Medical Association has a present membership of eighteen, thirteen taxable members and five non-taxable members.

During the past year we have made a gain of three new members, Dr. John E. Flaherty, of Rockville, and Dr. Charles T. LaMoure and Dr. Gilbert T. Smith, both of Mansfield, and have lost one member by death, Dr. Eli P. Flint, of Rockville.

Dr. Eli P. Flint died on the 31st of January, 1918, of pneumonia, after an illness of a few days. He was a native of Tolland County, being born in North Coventry, December 31, 1849. He graduated from Yale Medical School January 29, 1879, and has practiced medicine continuously in Tolland County since his graduation. His obituary will appear in the record of the Proceedings of the State Medical Society.

The semi-annual meeting of this Association was held at Stafford Springs October 16th, 1917, and the annual meeting was held at the Rockville House, Rockville, Tuesday, April 16th, 1918, with a fair attendance.

The literary exercises were very interesting and instructive. Dr. Harry L. F. Locke of Hartford read a paper on "The Prevention of Contagious Diseases." Dr. R. J. Boyle of Hartford read a paper on "The Value of Cystoscopy as an Aid to Diagnosis." Dr. E. K. Root of Hartford, President of the State Medical Society, was present and gave a very interesting talk on military matters from a medical standpoint.

Respectfully submitted,

THOS. F. ROCKWELL,
Councilor.

(h) Windham County, by Dr. Robert C. White:

Mr. President and Gentlemen of the House of Delegates:

Our Society has held two regular meetings during the year.

The semi-annual meeting was held in Willimantic, October 18; the State Society, also The Connecticut Society of Social Hygiene and The Connecticut Society for Mental Hygiene meeting with us; about seventy members present; President Edward K. Root, of the State Society, presiding.

Programme for meeting follows:

"Early Syphilis as a Public Health Problem," by Dr. Walter J. Heimann of New York; "Syphilis in Its Relation to Mental Disease," by Dr. W. C. Sandy of the State Hospital; "Problem of Venereal Disease in Its Relation to Penal Institutions," by Dr. Edith R. Spaulding of Bedford Hills Reformatory, New York.

Reports by The Connecticut Society of Social Hygiene and The Connecticut Society for Mental Hygiene proved an interesting addition to the regular programme.

The programme was one of unusual interest, and it is to be regretted that the facts laid bare on such occasions by such writers could not be heard by our entire membership.

The annual meeting was held in Willimantic, April 18. Considering the number of men who are absent from us at the present time, who usually attend these meetings, the attendance should be considered a very fair one.

Dr. John T. Black, Health Commissioner of Connecticut, gave us a talk on the new health code, noting many of the changes with which the physicians will have to familiarize themselves to comply with it.

During the year we have lost three members by death: Dr. Frederick Rogers of Willimantic, Dr. A. H. Tanner of Brooklyn, and Dr. O. LaRue of Putnam. Their obituaries will be found elsewhere in the proceedings.

The physicians of Windham County have had a busy year. The added work made necessary by the demands of the war, limited vacations, etc., have all been accepted cheerfully as one of the vital necessities in the winning of the world war. While the number of medical men remaining in the county who are physically fit for service in the Medical Reserve Corps are fast leaving, we can be counted upon for a few good ones in the deferred class.

To date Windham County has seven men in the service. Six of them are members of our County and State Societies. Another has been accepted and will soon be called. Three or four have failed to pass the physical requirements and declined. Already the demand for more medical men has been made, and I have no doubt Windham County will do her full share in supplying them.

I am pleased to note the willingness of our physicians to serve their country in any possible capacity.

Respectfully submitted,

ROBERT C. WHITE,
Councilor.

(5) Report of the Treasurer, Dr. Phineas H. Ingalls (Hartford):

REPORT OF THE TREASURER.

Receipts.

1917			
May	23	Balance from old account	\$1,966.26
Sept.	10	A. R. Keith, Hartford County	300.00
Nov.	6	A. D. Marsh, Windham County	43.20
1918			
Apr.	17	P. W. Bill, Fairfield County	442.80
	19	A. D. Marsh, Windham County	21.60
	23	Herbert Thomas, New Haven County	750.60
		H. B. Hanchett, Litchfield County	166.50
		F. W. Walsh, Tolland County	32.40
May	2	J. H. Kingman, Middlesex County	108.00
	6	P. F. McPartland, Hartford County	272.40
	7	L. F. LaPierre, New London County	113.40
			<hr/>
			\$4,217.16

Expenditures.

1917			
May	31	Kate C. Mead, Public Health Committee ..	\$ 19.00
June	9	L. P. VanDuzer—New Members American Medical Association	52.00
		D. Chester Brown, Expense account Ameri- can Medical Association	68.68
		Tuttle, Morehouse & Taylor Co.	82.46
	23	F. N. Sperry, Anniversary Chairman	200.00
July	3	Tuttle, Morehouse & Taylor Co.	24.84
		The Systems Store, Cards	11.63
		Mabel W. Carter, Stenographer	76.30
		John E. Lane, Expenses Annual Meeting ..	10.95
		Hazel J. Thompson, Stenographer	34.00
	6	Tuttle, Morehouse & Taylor Co.	92.03
Sept.	4	Tuttle, Morehouse & Taylor Co.	1,261.13
	13	Tuttle, Morehouse & Taylor Co.	45.07
		Marvin McR. Scarbrough	1.00
Nov.	5	Windham County Medical Society, one-half expenses Annual Meeting	38.78
		Tuttle, Morehouse & Taylor Co.	16.64
		Hazel J. Thompson	46.40
		John E. Lane	10.24
Dec.	10	Tuttle, Morehouse & Taylor Co.	3.78

1918				
Jan.	3	Hazel J. Thompson	\$ 9.20	
		Paul Waterman, Expenses Insurance Com- mittee	25.29	
	8	P. H. Ingalls, Postage Stamps	4.00	
		Phoenix National Bank, Box Rent	5.00	
Mar.	5	Tuttle, Morehouse & Taylor Co.	10.61	
Apr.	6	Tuttle, Morehouse & Taylor Co.	17.68	
May	6	John E. Lane, Secretary's Salary	150.00	
		Hazel J. Thompson	23.40	
	10	P. H. Ingalls, Treasurer's Salary	25.00	
		Aetna Life Ins. Co., Treasurer's Bond	5.00	
		Tuttle, Morehouse & Taylor Co.	57.19	
		Balance to new Account	1,789.86	\$4,217.16

THE RUSSELL FUND.

1917				
May	23	Cash in Savings Bank last report	\$899.97	
July	1	Coupons Conn. Railway & Lighting Bonds	112.50	
		Coupons Consolidated Railway Bonds	40.00	
		Coupon Gas Light Co. Bond	20.00	
1918				
Jan.	1	Coupons Conn. Railway & Lighting Bonds	112.50	
		Coupons Consolidated Railway Bonds	40.00	
		Coupons Gas Light Co. Bond	20.00	
		Interest on deposit	39.78	
		Cash in Bank, this report	\$1,284.75	
		The Fund consists of:		
	5	\$1,000.00 Mortgage four and one-half per cent Bonds, Conn. Railway & Lighting Co.		
	2	\$1,000.00 Debenture four per cent Bonds, The Consolidated Railway Co.		
	1	\$1,000.00 1st Mortgage four per cent Bond, Hartford City Gas Light Co.		

THE O. C. SMITH FUND.

1917				
May	23	Cash in Savings Bank last report	\$28.58	
July	1	Coupon Gas Light Co. Bond	20.00	
1918				
Jan.	1	Coupon Gas Light Co. Bond	20.00	
		Interest on deposit	1.54	
		Cash in Bank, this report	\$70.12	

The Fund consists of :

1 \$1,000.00 1st Mortgage four per cent
Bond, Hartford City Gas Light Co.

Respectfully submitted,

P. H. INGALLS,
Treasurer.

HARTFORD, CONN., May 15, 1918.

This is to certify that we have this day examined the accounts of the Treasurer and find the same correct and the securities listed, to be in his possession.

T. F. ROCKWELL,
WALTER R. STEINER,
Auditors.

(6) Report of the Committee on Public Policy and Legislation, by Dr. Frank K. Hallock (Cromwell).

REPORT OF THE COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

Mr. President and Gentlemen of the House of Delegates:

It is with bowed head that I assume for the moment to stand in the place of our beloved brother, the late Dr. Everett J. McKnight, so long the able and efficient Chairman of the Committee on Public Policy and Legislation. While acknowledging, as we were all so gladly wont to do, his great superiority in leadership, it is, perhaps, not unfitting that it should fall to me at this time to render the report of this Committee. I may do this not on account of service rendered, but because of all present members, if I mistake not, I have had the oldest and longest association with Dr. McKnight in the work of this Committee.

The report we as a committee have to make is very brief. The legislature has not been in regular session the past year and consequently no active work has been necessary, no meetings have been held and no memoranda have been found among Dr. McKnight's papers requiring our attention.

Referring to last year's report it will be noted that several sub-committees were appointed and their work recorded. Two of these sub-committees are still in force; one on Health Insurance consisting of Drs. Paul Waterman, Charles J. Foote and George Blumer—the other consisting of Drs. F. K. Hallock, J. C. Rowley and A. E. Austin, to whom was entrusted the delicate and at the same time herculean task of drafting an improved medical practice act. Needless to say, nothing further has been done by either of these sub-committees. The increased activities thrust upon medical men in this time of war has precluded any consideration of these subjects.

At this particular time and on an occasion like this the Committee on Public Policy and Legislation would feel remiss to conclude their report without brief reference to Dr. McKnight's connection with it. The history of this faithful servant of the State Society is one of which we are justly proud and grateful. It cannot be repeated too often.

Dr. McKnight was first elected to this Committee in 1891. The year previous, as the result of a motion by Dr. Max Mailhouse and ably seconded by Dr. W. H. Donaldson, it had been voted to authorize the Committee on Legislation to draft a new medical practice act and endeavor to secure its passage. For this purpose the original committee of five was increased by adding eight new members, one from each County. Dr. McKnight was chosen to represent Hartford County. During 1891 the Committee on Legislation labored hard and succeeded in drafting the medical practice act under which we still continue to practice our profession. In 1892, the Centennial Anniversary of our Society celebrated in New Haven, the legislature was deadlocked and no attempt to secure its passage was made. In 1893 came the memorable struggle at the State Capitol and the bill was passed. The masterly argument of Charles E. Gross, Esq., under whose guidance the bill was drawn, the eloquent appeal of Dr. George L. Porter and the trenchant remarks of Mr. Charles Dudley Warner were powerful factors in effecting the passage of the act. But in addition to these more brilliant advocates there were many others, professional and lay, who did yeoman's service and

not the least among them was the sturdy figure of our faithful "Mac." As you are all aware he was a power in work of this kind and we shall never know the amount of time and energy he spent to do what he conceived to be his part and help carry through the bill.

And so it has always been through all these years whenever the legislature was in session and the fight was on either to obtain new or better enactments of medical law or with the open opponents to existing laws or with those seeking to pass objectionable measures. In season and out he has been at the helm of the committee and as we think of him now and realize the loss we have sustained, it seems as if we never should have another who could approach him in the success he attained in preserving the legal integrity of our profession.

In 1900 Dr. Melancthon Storrs died. He had been Chairman of the Committee since 1889, serving faithfully in this capacity through the trying years of the early history of the medical practice act. During the last years of his leadership he depended very largely upon Dr. McKnight to conduct the practical work of the Committee. It was natural therefore that the latter should at once be appointed to succeed him. In this position as head of the Committee Dr. McKnight has continued to serve with the exception of the year he was President of the Society, 1907-1908, when his place was temporarily filled by Dr. P. H. Ingalls.

Altogether Dr. McKnight has been a member of this Committee for 26 years, and its Chairman for 17 years. This is certainly an exceptional record and the best of it is no one ever thought of deposing him. His reelection year after year was taken as a matter of course. He had no rival, for none could approach him in qualifications and ability. His legislative experience, his knowledge of legal procedure, his acquaintance with men, his frank and genial manner, his zeal and energy and many other attributes fitted him for this branch of our work to a very unusual degree. In the long list of faithful servants, few there are who can equal Everett McKnight in generous devotion and value of service rendered this Society and through it the citizens of this Commonwealth.

Mr. President and Gentlemen of the House of Delegates:—
May I ask you to stand with me as a silent tribute to the memory
of our friend and brother who has gone.

I give you this sentiment: God rest your soul, dear old Mac!
You were a good soldier and made a brave fight! May your
spirit descend and ever abide with us to inspire and bless us as
we journey on!

Respectfully submitted,

FRANK K. HALLOCK,
Chairman.

(7) Report of the Committee on Medical Examinations and
Medical Education, by Dr. Charles A. Tuttle (New Haven):

REPORT OF COMMITTEE ON MEDICAL
EXAMINATIONS AND MEDICAL
EDUCATION.

Mr. Chairman and Gentlemen of the House of Delegates:

The Committee on Medical Examinations and the Committee on
Medical Education presents herewith their Twenty-fifth annual
report.

There have been examined during the past year ninety candi-
dates for certificates of qualification in General Practice of whom
sixty-one or 67.7 per cent have been found qualified and to whom
certificates have been granted.

Certificates also have been issued to five without examination,
they having been in practice in other States when our law went
into effect on May 25, 1893. Thus a total possible addition to
our numbers of sixty-six.

The work of the Board has been carried on with some consid-
erable difficulties during the year because of the absence of Drs.
Hyde, Rowley and Hynes, all of whom are in Service.

Respectfully submitted,

CHARLES A. TUTTLE,
Secretary.

(8) Report of the Committee on Scientific Work, by Dr. Ernest A. Wells (Hartford):

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK.

Mr. President and Gentlemen of the House of Delegates:

Your Committee on Scientific Work has held three meetings, one in New Haven, one in Willimantic and one in Hartford. At these three meetings we have arranged programmes for the fall and spring meetings of this Society. We have attempted, for the first time in Hartford, to hold clinical sessions in our hospitals. The Hartford Hospital and the Retreat for the Insane have made the attempt and the result will be for you to judge to-morrow morning.

The programmes which we have submitted are as follows:

At Willimantic, Thursday, October 18, 1917, Semi-Annual Meeting;

SCIENTIFIC SESSION.

1.30 P. M.

Address of Welcome.—Dr. Ernest R. Pike, East Woodstock.

Responses to Address of Welcome.

For the Connecticut State Medical Society.—Dr. Edward K. Root, Hartford.

For the Connecticut Society of Social Hygiene.—Dr. Thomas N. Hepburn, Hartford.

For the Connecticut Society for Mental Hygiene.—Dr. Whitefield N. Thompson, Hartford.

Early Syphilis as a Public Health Problem.—Dr. Walter J. Heimann, Adjunct Professor of Dermatology, New York Post Graduate Medical School and Hospital, New York.

The Problem of Venereal Diseases in its Relation to Penal Institutions.—Dr. Edith R. Spaulding, Director of the Psychopathic Hospital of the Laboratory of Social Hygiene, Bedford Hills, New York.

Syphilis in its Relation to Mental Disease.—Dr. William C. Sandy, Assistant Superintendent of the Connecticut Hospital for the Insane, Middletown.

ANNUAL MEETING, HARTFORD, MAY 15-16, 1918.

SCIENTIFIC PROGRAM.

WEDNESDAY AFTERNOON, MAY 15, 2 O'CLOCK.

Reception of Visiting Delegates.

Acute Appendicitis with Observations of Fifty Consecutive Cases.—Dr. John F. Shea, Bridgeport. Discussion: Dr. Daniel Sullivan, New London.

The Enlarged Thymus Gland in Childhood.—Dr. Howard W. Brayton, Hartford. Discussion: Dr. Joseph I. Linde, New Haven.

Tuberculosis of the Lungs with Especial Reference to the Importance of Adenopathy.—Dr. James A. Honeij, New Haven. Discussion: Dr. George Blumer, New Haven.

Life Insurance from Points of Medical Interest.—Dr. Robert L. Rowley, Hartford. Discussion: Dr. E. K. Root, Hartford.

Report of the Chairman of the State Committee of National Defense, Medical Section, and Observations Relative to Physical Examination by Exemption Boards.—Captain D. Chester Brown, Medical Aide to the Governor, Danbury.

CLINICAL SESSION.

THURSDAY MORNING, MAY 16, AT THE HARTFORD HOSPITAL.

10.00 The Hartford Hospital, its History and Present Activities.—Dr. Louis A. Sexton, Superintendent.

10.00-12.00 Gynæcological Operations.—Dr. P. H. Ingalls and Staff.

10.10 Treatment of Hæmorrhage in the Newborn by Injections of Whole Blood.—Dr. H. G. Jarvis.

10.20 Exhibition of X-ray Plates.—Dr. A. C. Heublein.

10.30 Demonstration on Patient of the Use of the Œsophagoscope.—Dr. William Dwyer.

10.40 Urological Cases. (1) Essential Hæmaturia, (2) Congenital Quadruple Kidneys and Ureters, (3) Sarcoma of Bladder.—Dr. T. N. Hepburn.

10.50 Demonstration of Pathological Specimens. (1) Chorio-epithelioma, (2) Carcinoma and Tuberculosis in the same Testis.—Dr. Henry C. Russ.

11.00 Congenital Pyloric Stenosis.—Dr. E. R. Lampson.

11.10 Unsuspected Foreign Bodies in the Eye. Demonstration of Apparatus and Methods for Localization and Extraction.—Dr. E. Terry Smith.

11.20 Treatment of Fractures of the Neck of the Femur and of the External Condyle of the Humerus. Treatment of Sarcomata of the Long Bones.—Dr. Paul P. Swett.

- 11.30 Hereditary Hæmorrhagic Telangiectasia.—Dr. Walter R. Steiner.
- 11.40 Pediatric Cases.—Dr. Charles A. Goodrich and Staff.
- 11.50 Medical Cases.—Dr. E. K. Root and Staff.

AT THE HARTFORD RETREAT FOR THE INSANE.

(In Auditorium. Entrance via Retreat Avenue, One Block from the Hartford Hospital.)

- 12.15 Demonstration of Cases.—Dr. W. N. Thompson and Staff.
- 1.00 Luncheon and Garden Party on the Grounds of the Retreat.—
Courtesy of the Hartford Retreat for the Insane.

THURSDAY AFTERNOON, MAY 16, 2.30 O'CLOCK.

Reception of Visiting Delegates.

President's Address. The American Physique.—Dr. Edward K. Root, Hartford.

Some Relations of Diet to Disease.—Prof. Lafayette B. Mendel, New Haven (by invitation). Discussion: Dr. Wilder Tileston, New Haven.

Laws Governing the Commitment of the Insane. The Importance of Early Hospital Treatment for Manic-Depressive Cases.—Dr. Whitefield N. Thompson, Hartford. Discussion: Dr. C. Floyd Haviland, Middletown.

The Medical Profession and the New Public Health.—Dr. Eugene R. Kelley, Boston, Director of the Division of Communicable Diseases of the State Department of Health of Massachusetts (by invitation). Discussion: Prof. C.-E. A. Winslow, New Haven (by invitation); Dr. John T. Black, Hartford.

The Federal Campaign Against Venereal Diseases.—Prof. C.-E. A. Winslow, New Haven (by invitation).

The Work of the Connecticut State Department of Health in the Prevention of Venereal Diseases.—Dr. John T. Black, Hartford,

Respectfully submitted,

ERNEST A. WELLS,

Chairman.

(9) Report of the Committee on Honorary Members and Degrees, by Dr. Max Mailhouse (New Haven):

REPORT OF THE COMMITTEE ON HONORARY MEMBERS AND DEGREES.

Mr. President and Gentlemen of the House of Delegates:

The Committee on Honorary Members and Degrees begs leave to report that it has considered the name of Dr. Harvey Cushing of Cambridge, Mass., nominated as candidate for honorary membership at our last meeting, and that his election is recommended.

Respectfully submitted,

MAX MAILHOUSE,
Chairman.

(10) Report of the Committee on Arrangements, by Dr. George R. Miller (Hartford):

REPORT OF THE COMMITTEE ON ARRANGEMENTS.

Mr. President and Gentlemen of the House of Delegates:

The Entertainment Committee reports that they have made arrangements for the Scientific Sessions, Meeting of the House of Delegates and Meeting of the Council at the Hunt Memorial. Also that on Wednesday evening, May 15th, at 8 o'clock, a Smoker, at the Hunt Memorial, will be given by the Hartford Medical Society, to which all are cordially invited. The Annual Banquet will be given in the Banquet Hall of the Hartford Club. Thursday evening, May 16th, at 6.30 o'clock.

I wish at this time to call the attention of all the members to the fact that the Annual Banquet is designed to be a patriotic demonstration in honor of those members of the Society who are now in the service of the Government, and it is hoped that all who can possibly do so will be present, as a large attendance is desired, and it will be, in a sense, an opportunity for the members to express their appreciation of the patriotic sacrifices which

have been made by a large number of our associates who are now actively engaged in "carrying on" the great work in which we are all vitally interested.

Respectfully submitted,

GEORGE R. MILLER,
Chairman.

(11) Report of the Committee on a Sanatorium for the Nervous Poor, by Dr. Frank K. Hallock (Cromwell):

REPORT OF THE COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

Mr. President and Gentlemen of the House of Delegates:

As the legislature has not been in regular session during the past year, no meetings of this Committee have been held, and consequently it has nothing of importance to report.

With the country at war the time is not propitious to attempt the accomplishment of the purpose of this Committee.

Respectfully submitted,

FRANK K. HALLOCK,
Chairman.

(12) Report of the Committee on a State Farm for Inebriates, by Dr. F. H. Barnes (Stamford):

REPORT OF THE COMMITTEE ON A STATE FARM FOR INEBRIATES.

Mr. President and Gentlemen of the House of Delegates:

The chairman of your committee on a State Farm for Inebriates desires to inform you that there has been no meeting of said committee since the May, 1917, meeting of this society. The chairman did not call a meeting of the committee as he felt

that there was little use to do so at the present time. Physicians generally throughout the state have been very busy on war work and kindred other community activities. They have had little time for consideration of special matters. At the same time I feel quite confident that it would be useless to ask for an appropriation for future work in the line of a State Farm for Inebriates at the coming Legislature. Am sure that such a measure would be side-tracked until after the war. Perhaps my judgment in this matter has been wrong, but there are so many things before the people at the present time that it did not seem advisable to go any further with the work just now. There is also a possibility that the State will go dry within the next five years. Under such conditions a new institution would not be needed. At the present time two new buildings are being added to the State Farm for Inebriates at Norwich, Conn. They are principally of fire-proof construction, in other words, slow burning. Each will accommodate twenty-five patients, also have necessary rooms for nurses and assembly rooms. They are erecting a water tank with a capacity of 25,000 gallons for fire protection, also for irrigation of lawns and gardens and use in the buildings. The present census is between sixty-five and seventy. Patients are committed there for terms of six months to three years. On the six months' sentence one month is cut off for good behavior. At the same time they have organized a follow-up plan so that they can keep in touch with the men after leaving the institution. The last session of the Legislature gave an appropriation of fifty thousand dollars for a State Farm for Women Inebriates. This money was appropriated to be used for land and buildings. The last report I could get from the committee in charge was that they have practically decided on a site now and will go ahead with the work shortly. These two institutions will fill a long-felt want, and it would seem to me that they will be able to demonstrate the necessity for future buildings. Am very sure that the efforts of your committee have been helpful in getting appropriations for this work.

Respectfully submitted,

F. H. BARNES,

Chairman.

(13) Report of the Committee on Medical Inspection of Schools, Dr. Edward W. Goodenough (Waterbury):

REPORT OF THE COMMITTEE ON MEDICAL INSPECTION OF SCHOOLS.

Mr. President and Gentlemen of the House of Delegates:

The Committee on School Inspection presents the following report:—Routine inspection of schools for communicable disease by physicians employed by the Boards of Health began in the larger cities of the state about the year 1900. In 1907 a law was passed permitting the school authorities to appoint physicians and nurses. This law remained without essential change until the session of 1915 when it was amended making the appointment of school physicians and nurses compulsory in all towns of over 5,000 population.

According to the school census, we have at present fifty towns in the state of over 5,000 population; twenty-four of these are reported as having some form of school inspection, and twenty-seven towns of less than 5,000 population also have more or less regular school inspection in force. In the largest cities of the state the inspection has remained under the control of the Boards of Health; in the cities of the next group, it is in most cases under the control of the school authorities and some of the towns have inspectors appointed by the schools, and in others the work is done by the Town Health Officer.

Thirty-four towns and cities have school nurses, a total of fifty-one nurses being employed. Each community which has taken up the question of school inspection has apparently worked it out along the lines of least resistance, using the material most readily at hand and in most cases stressing some particular line of work to the partial exclusion of others so that there are hardly two communities in the state in which the work is done in exactly the same way.

In some cases most of the work is directed toward the control of communicable disease, in others towards tonsils and

adenoids; in others the teeth or the mental condition is receiving most attention. A large number of schools are doing something towards making physical examinations and recording results. In some schools this is confined largely to the lower grades and in others in which it is carried on by the physical directors, examinations are only made among the older children who are taking gymnastic work.

Attempts have been made at every session of Legislature since 1907 to amend the bill in some particular, but owing to the differences of opinion among the groups represented, the bill has remained in its original form with the exception of the amendment of 1915.

At the last session of the Legislature, upon the recommendation of the Legislative Committee of the Society, no attempt was made to alter the bill, and legislation introduced by the State Board of Education towards this end failed of passage, although it was not opposed by the members of the Society.

While public opinion is reasonably alive to the need of school inspection as a means of stopping epidemics of communicable disease, there is not yet sufficient knowledge concerning the need of at least superficial examination of each pupil for physical defects and for constant supervision by the physician and nurse. Changes in community public sentiment are of slow growth unless stimulated, and it would seem that this could best be done by giving the State Board of Education authority to enforce standards of school inspection.

Respectfully submitted,

EDWARD W. GOODENOUGH,
Chairman.

C. P. BOTSFORD,
Secretary.

(14) Report of the Committee on National Legislation, by Dr. D. Chester Brown (Danbury).

REPORT OF THE COMMITTEE ON NATIONAL
LEGISLATION.

Mr. President and Gentlemen of the House of Delegates:

I am unable to determine by perusal of the Proceedings of last year that there were any other members appointed upon this Committee. If there were others appointed I now express my regrets at not having had the benefit of their judgment and direct coöperation on the only matter that has come up that particularly interests the medical profession in National Legislation. I refer to the so-called Owen Bill, which was first introduced to Congress on July 20th, 1917. The bill was brought to the attention of the Connecticut State Committee of the Council of National Defense, Medical Section, with recommendation that the matter be brought before State and County Societies for their endorsement and these with a number of endorsements and telegrams be sent to the Representatives of the State in both Houses.

Portions of a letter to the Medical Section of the Council of National Defense will indicate the action taken: "The State Council of Defense has sent an indorsement of the proposed amendment to each of the State Senators and Congressmen. The State Committee of the Council of National Defense, Medical Section, has sent an indorsement to each representative in each branch of Congress. The Governor of the State has been seen and his personal influence secured."

"The Chairman of the State Council of Defense, who is in Washington frequently and in contact with men of influence, has promised his personal efforts in a proper consideration of the merits of the bill."

"Mr. Homer S. Cummings, late chairman of the Speakers' Committee of the last presidential campaign, has promised his personal endeavors."

Acknowledgment and commendation of the action was made by the Medical Section.

The bill was not acted upon during that session of Congress.

On February 5th, 1918, almost identical bills were introduced to the Senate and House by Senator Owen and Representative

Leonadas C. Dyer of Missouri. This recent bill, which is now in the hands of the Committee on Military Affairs, is shorter than the previous bill and simply states that the commissioned officers of the Medical Corps and of the Medical Reserve Corps of the United States Army on active duty shall be distributed in the several grades in the same ratios heretofore established by law in the Medical Corps of the United States Navy. This would give one Major General and one Brigadier General in every 400 medical officers; four Colonels in every hundred; eight Lieutenant Colonels in every hundred; twenty-three and one-half Majors in every hundred; thirty-two percentum each of Captains and Lieutenants.

The same method was used as with the first bill to bring to the attention of our representatives that the provisions of the bill met the approval of responsible elements who were interested in the protection of the health of the Army. I am glad to say that there were some positive assurances that the bill would be given support.

Other matters that came up related to the protection of hospitals from depletion of their interns by the draft and also the importance of retaining medical students for their professional studies. The first provision protected only the third and fourth year men. The next took the first year men and now the effort is to insure an adequate number of medical students by reserving the premedical-year men.

There is demonstrated again during the present conditions that a Department of Medicine in the Government, with a cabinet officer, or to concentrate the various bureaus under one head in a proper department, would be of inestimable value. Whether it will be proved of an absolute necessity at this time or not is problematical but it is a point that every thinking medical man should bear in mind and, at the right opportunity and place, use the influence that will gradually acquaint the public with the need of the nation of full utilization of the advances in health, medicine and sanitation.

Respectfully submitted,

D. CHESTER BROWN,

Chairman

(15) Report of the Delegates to the American Medical Association, by Dr. Edward T. Bradstreet (Meriden):

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Mr. President and Gentlemen of the House of Delegates:

That I am to make this report is due to the fact that the promotion of Dr. E. J. McKnight to the position of a trustee of the American Medical Association caused a vacancy. We thought we appreciated the manifold and whole-souled activities of Dr. McKnight while he was with us, but the vacancies caused by his death continually remind us of the value of his work, and emphasize his worth.

The annual convention of 1917, held in New York City in June, was illustrative of the enormous power held by the American Medical Association. War had been declared by this country only two months before this convention, and the registration to provide for a great army was made while this convention was in session. War conditions with its rapidly developing demands upon our profession gave a new coloring and an added seriousness. At the mass meeting at the Waldorf on Tuesday evening, and at the immense and notable one at the Hippodrome on Thursday evening, the air was charged with patriotism and purpose. The A. M. A. placed itself on record as offering itself to the Government to aid to its fullest in organizing and developing the medical service in the war.

This House of Delegates has too much business to transact to listen to a detailed account of any other convention, even were it important enough to be historic.

Everything was done by the committees to make the convention run smoothly from the initial report of the Chairman of the Committee on Credentials, Dr. D. Chester Brown, to the vote to adjourn and the saying of good-bye.

Your delegates and Dr. E. J. McKnight, Trustee, attended every session of the House of Delegates, thereby being pre-

vented from much attendance upon the scientific sessions. As you have seen by the papers published in the Journal, the scientific work was quite up to the usual, and various sections have grown so that there was demand that more time be allotted to them by the Programme Committee.

The most notable reports in the House were the ones on Medical Education and the one on Health Insurance. The fitting of young men for the practice of medicine as now developed, without using too many years of the strongest period of a man's life, requires deep study, and the profession owes much to Dr. Arthur D. Bevan for his laborious work and comprehensive report.

Health insurance is bound to come, and we should all be interested in the complete reports that have been published from time to time. One could hardly be found better than the report made to the House of Delegates by Dr. Alexander Lambert, Chairman of the Committee on Social Insurance. Health insurance is unquestionably desirable from a sociological standpoint, and I am sure our Committee on Public Policies will steer the Connecticut Legislature along the path of wisdom when it passes laws establishing such insurance. If wisely managed it will be an aid and benefit to the medical profession as well as to society in general.

I was impressed by the earnestness and ability and readiness of all taking active part in this convention, and was convinced that our State Society should be represented by our fittest men, and that after one has proven his fitness he should be returned year after year that he may gain power and influence. For illustration I point to the satisfactory representation we have had for many years by Dr. D. Chester Brown and our lamented Dr. E. J. McKnight. Therefore, I hope the Nominating Committee will hereafter consult a table of expectancy of life before recommending a delegate, a point overlooked last year.

Respectfully submitted,

EDWARD T. BRADSTREET.

(16) Report of the Committee on Hospitals, by Dr. Philip W. Bill (Bridgeport) :

REPORT OF THE COMMITTEE ON HOSPITALS.

Mr. President and Gentlemen of the House of Delegates:

Your Committee on Hospitals is very glad to report that as yet there has been no occasion to test the preparations for emergency work described in the last report.

All hospitals have felt the heavy hand of the war. The increased cost of food, fuel, help and especially surgical and medical supplies has made serious inroads into the income and reserve accounts.

The professional staffs have given a large proportion of their younger members to the service, making more and harder work for those left behind, but which has been and will be done with a feeling of glad duty and willingness.

The interne question, a serious one for the past few years, is now very much more so.

Two hospitals have been taken over by the Federal Government: the Memorial at New London and the William Wirt Winchester Hospital at West Haven. Greenwich has opened, during the year, a fireproof hospital of eighty beds, which can easily be made to accommodate one hundred. Norwalk has a fireproof building nearing completion which will be ready for sixty beds, and can easily take care of ninety. Also the New Haven Hospital has recently occupied its new administration building and the Brady laboratory.

This Committee has the honor to announce that one of its members, Dr. Fritz Hazen Hyde, has been called to active service with the Army.

Respectfully submitted,

PHILIP W. BILL,
Chairman.

(17) Report of the Committee on the "Maryland Plan," by Dr. D. Chester Brown (Danbury).

REPORT OF THE COMMITTEE ON THE "MARYLAND PLAN."

Mr. President and Gentlemen of the House of Delegates:

It is worthy of note that at the last annual meeting of the State Medical Society the Maryland Plan was adopted by the House of Delegates; that it was not voted upon in an open meeting of the Society, and that of a membership of 1,021 only 451 have signed the agreement to turn over one-third of the income derived from attendance upon patients of physicians who have been called into active service, either to the physicians or to the family.

This emphasizes again the need of action upon recommendations that have been made by presidents of this Society that there be some method whereby matters that concern the whole membership of the Society may be brought to them as a whole.

Of the 243 physicians who have been commissioned, only thirteen have made out the lists of patients as suggested. This does not mean that they do not wish to partake of the benefits of the Maryland Plan but that they feel that it is better to allow the profession remaining at home and their clientele to adjust it themselves and puts it up to the honor of those left in civil practice.

In the manner in which the Maryland Plan is working out, three features are presented for your consideration:

First: That the obligation of the profession remaining at home does not depend upon the making out of lists by those who are called into service. The obligation lies upon the man remaining at home to determine from all those cases that come to him new if they considered a man who has gone into service as their regular physician.

Second: That it may be wise to attempt to obtain a more complete signing of the agreement and possibly a publication of the list of those signing.

Third: Taking note that there is no prescribed time of rendering accounts to the family or the absent physician. It has been suggested that a monthly accounting is the easiest way for the man doing the work and the manner in which the family will receive the greatest benefit.

I can assure you that from those direct reports that I have received, there is the greatest appreciation of the operation of the plan. It only needs the whole-hearted professional coöperation of those who stay at home to make it the success that it promised to be.

Respectfully submitted,

D. CHESTER BROWN,
Chairman.

(18) Report of the Delegate to the Medical Society of the State of Pennsylvania, by Dr. F. H. Barnes (Stamford):

REPORT OF DELEGATE TO THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Mr. President and Gentlemen of the House of Delegates:

I attended the meeting of the Medical Society of the State of Pennsylvania, which was held at the William Penn Hotel, Pittsburgh, Pa., September 25th, 26th and 27th, 1917. The general meeting of the society was called to order at 10 A. M., Tuesday, September 25th, Dr. Codman of Philadelphia presiding. After an address of welcome by Dr. J. M. Thorn, President of the Alleghany County Medical Society, the delegates were introduced. It was my lot to be the only delegate from another state society. Was introduced as a delegate of the Connecticut State Medical Society. The programme was very interesting: the papers were scientific and well presented. Perhaps the best feature of the scientific programme was a symposium on Nephritis, which showed that the different members presenting it had spent much time in preparation. I was cordially received

and much was done to make my stay in Pittsburgh pleasant. The social side was not so prominent, due to the fact that our country was at war and many of the members of the society were getting ready to go to the front. Tuesday evening a patriotic concert was given with some splendid addresses and fine music. Thursday evening a banquet was served after which we had some very good speeches.

You will pardon me for suggesting that we cannot do too much to make pleasant the stay of any visiting delegates to our society. It seems to me that the State Medical Societies as a whole do not do as much as they should in the line of entertaining visiting delegates.

Respectfully submitted,

F. H. BARNES, M.D.,

Delegate.

(19) Report of the Committee on Medical Defense, by Dr. William R. Miller (Southington):

REPORT OF THE COMMITTEE ON MEDICAL DEFENSE.

Mr. President and Gentlemen of the House of Delegates:

Owing to the death of Dr. McKnight and the absence of Dr. Miller, who is in the M. R. C., your Committee on Medical Defense have held no meetings, and therefore, have no report to present.

I would suggest that some one be elected in place of Dr. McKnight and that the Committee be continued.

Respectfully submitted,

FRANK H. WHEELER, M.D.,

Acting Chairman.

It was voted that the dues of the members of this Society now serving with the colors be remitted during the continuance of their service.

It was voted that the income from the Russell Fund for the current year be devoted to the general running expenses of the Society.

It was voted to authorize the Council to levy an assessment, not exceeding \$2.00, on the members of the Society at any time during the coming year, if in their opinion it should be necessary.

It was voted to accept the invitation of New London County to hold the Semi-Annual Meeting in conjunction with that Society at New London, October 3, 1918.

It was voted to hold the next Annual Meeting at Bridgeport, on Wednesday and Thursday, May 21 and 22, 1919.

Dr. Harvey Cushing of Boston, Mass., was elected an honorary member of the Society.

The following amendment to the By-Laws, Chapter 13, Section 2, was adopted:

"All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary before reading. No paper shall be read before this Society which has been previously published or read before any other organization."

It was voted to confirm the following War Committee, which was appointed by the President at the request of a meeting of the State Secretaries, held in Chicago on April 30, 1918: Chairman, D. Chester Brown, C. C. Godfrey, Edward K. Root, W. R. Steiner, F. H. Wheeler, George Blumer, M. M. Scarbrough, the President, the Secretary.

It was voted to endorse the Owen-Dyer bill in its entirety, and the Secretary was instructed to officially notify the senators and representatives from this State that such action had been taken.

It was voted to refer the question of the violation of the Medical Practice Act, by nurses in factories and industrial establishments, to the Committee on Public Policy and Legislation for action and report.

A letter from the Secretary of the Stamford Medical Association in regard to the question of the Society taking up the question of community automobile insurance, was read.

It was voted that the question be laid on the table.

Dr. Segur presented the following resolution:

WHEREAS, The Connecticut State Medical Society in convention assembled, at Hartford Conn., May 15th and 16th, 1918, is cognizant of the deleterious effect of infectious diseases (or of venereal infection) upon the absolute efficiency of the United States Military Organization and upon our civilian population, and

WHEREAS, Said Society has acquainted itself with the efforts now being made by the Federal and State authorities to coöperate in controlling infectious diseases, especially venereal diseases, in this great crisis of the world's history; be it

Resolved, That the Connecticut State Medical Society express its approval of the efforts of the Public Health Authorities to keep both soldiers and civilians "fit to fight."

It was voted to refer this resolution to the General Assembly of the Society at the meeting on Thursday afternoon. The resolution was taken up at that meeting, and adopted.

On motion of Dr. Carmalt it was voted to refer to the Committee on Public Policy and Legislation the question of the propriety of the enactment of a law providing that a physician convicted of a criminal abortion should lose his license to practice.

It was voted that the operation of the Maryland Plan be entrusted to the War Committee and that the Maryland Plan Committee be discontinued.

The House of Delegates adjourned at 1.03 P. M. to 9 A. M., Thursday, May 16, 1918.

SECOND SESSION.

The second meeting of the House of Delegates was held at the Hunt Memorial Building, Hartford, at 9 A. M., on Thursday, May 16, 1918. The following officers and delegates were present during the meeting: Vice-President, C. C. Godfrey; Secretary, J. E. Lane; Councilors, F. H. Barnes, Fairfield County; W. R.

Steiner, Hartford County; G. N. Lawson, Middlesex County; W. H. Carmalt, New Haven County. Delegates: Fairfield County, J. D. Gold, W. H. Donaldson, W. C. Watson, J. W. Avery; Hartford County, E. R. Lampson, G. C. Segur; Middlesex County, F. K. Hallock; New Haven County, L. M. Gompertz, F. G. Graves.

No change in the nominations made at the previous session was made except that Dr. Robert L. Rowley was substituted for Dr. C. C. Godfrey as nominee for delegate to the American Medical Association, as Dr. Godfrey explained that he could not attend.

DR. HALLOCK: Mr. President, I do not want to make any other nominations as I am sure the Council has given careful consideration to the matter, and, as a rule, its recommendations should be followed, but I cannot let this occasion pass without saying a word in reference to Dr. Calef. You know he has been on the Committee on Medical Examinations ever since it was established. I believe he has fulfilled the duties of his office to the best of his ability and has been a faithful servant of this Society.

I feel as if I wanted to bear witness to this fact and express this opinion because of my life-long friendship with him, and because I know that his motives and purpose have always been to work for what he conceived to be the best interests of our Society.

On motion of Dr. Hallock it was voted that the House of Delegates express their appreciation and thanks to Dr. J. Francis Calef for his past services as a member of the Committee on Medical Examinations and Medical Education.

The officers and committees, of which a list will be found in the first pages of the Proceedings, were unanimously elected, after an opportunity had been given for other nominations.

A telegram from Dr. Samuel M. Garlick, who was attending the meeting of the New Hampshire Medical Society as delegate from this Society, was received. He sent the greetings of the New Hampshire Medical Society to the Connecticut State Medical Society.

The Secretary was instructed to send a suitable reply to the New Hampshire Medical Society.

Dr. Donaldson offered a resolution in reference to the use of alcoholic liquors as beverages and as therapeutic agents.

It was voted to lay this resolution on the table.

The House of Delegates adjourned at 9.43 A. M.

Business Transacted in the Scientific Session.

THURSDAY, MAY 16, 1918.

THE PRESIDENT: Gentlemen, please come to order. It is our pleasant duty in opening the afternoon session of this meeting to welcome the presidents of our sister societies, from neighboring states, and delegates from these same sister societies. I will call first on Dr. Woodward, President of the Massachusetts Medical Society, if he is in the room.

DR. WOODWARD. Mr. President and gentlemen, I am not a delegate from the Massachusetts Medical Society. I appointed two gentlemen to represent the society; I don't see either of them here. Perhaps I can represent it in a certain way. I come and bring the congratulations of the Massachusetts Medical Society to a sister society, and personally I want to say that I feel as if I almost was a member of this society myself. My great-grandfather practiced in Torrington sixty years—Samuel Woodward; a great uncle, Charles Woodward, fifty years ago practiced in Middletown, and my grandfather practiced fifty years in Wethersfield. That I am glad to be here goes without saying.

THE PRESIDENT: Dr. Champlin, President of the Rhode Island Medical Society.

DR. CHAMPLIN: Mr. President, ladies and gentlemen, the Rhode Island Medical Society sends its greeting to the Connecticut Medical Society. Knowing that Connecticut always does things well, our society for a long time has tried to

follow in the footsteps and follow the example of the Connecticut Society, our older and larger sister. Sometimes we have been able to follow at a long distance, sometimes we have been able to go beyond the mark. I think this happened the other day. While in Washington, your representative, Captain Brown, met me and said, "Champlin, I want to see you." "What about?" He said, "Your Society has exceeded ours. You have a larger percentage of men who have not accepted their commissions than we have." Now, I have always believed what Brown has told me, but a little later in the day when we were furnished with statistics in the office of the Council of Defense, I found that Rhode Island had exceeded Connecticut in another way. Our percentage of men who had been given commissions was larger than any other state in New England. (Applause.) But it isn't quite large enough yet and we are still busy trying to get more men. We haven't our quota, but we are approaching it. We are coming close to it every week and we hope that we will be able to keep up with Connecticut, and that Connecticut will do well.

In coming up this morning from Westerly, I noticed the wonderful roads that you had. I noticed them before. I noticed the beautiful appearance of the country. I called my wife's attention to what a beautiful state Connecticut was. She said, "Why, certainly; I was born in Connecticut." That makes twice that I have guessed right.

THE PRESIDENT: Dr. Kelley, Commissioner of Health from Massachusetts. We will be delighted to hear from him.

DR. KELLEY. Mr. President, as Dr. Lane is guilty of my being on the programme later in the afternoon, I will not take up the time of the Society now except to state that I am pleased to be able to be here with you and that Dr. Woodward represents the profession in Massachusetts. (Applause.)

DR. BLACK: Mr. President, we have listened to some most excellent papers this afternoon read by gentlemen here by invitation. I should therefore like to move that we pass a rising vote of thanks to Dr. Kelley, Professor Mendel, and Professor Winslow, who have so kindly favored us.

The motion was carried by a rising vote.

DR. DONALDSON: As a member of the State Medical Society from out of town, I wish to voice my own sentiments, and I believe those of many others, in moving that we extend to the Hartford Medical Society, our hosts of yesterday and to-day, a vote of thanks and appreciation for the very splendid manner in which they have entertained us at this One Hundred and Twenty-Sixth Annual Meeting. The motion was carried.

The resolution of Dr. Segur in regard to infectious venereal diseases, which was referred by the House Delegates to the General Assembly, and which will be found in full in the minutes of the House of Delegates, was passed.

The meeting adjourned at 5.28 P. M.

The Smoker.

On Wednesday evening, May 15th, an entertainment and luncheon was held at the Hunt Memorial Building. This entertainment was given by the Hartford Medical Society, under the management of a committee consisting of Ernest A. Wells, C. Brewster Brainard and Albert R. Keith, appointed by the president of the Hartford Medical Society, Charles E. Taft.

The entertainment consisted of music furnished by the Tuxedo Mandolin Club and experiments in legerdemain by Mr. Hubbard. About 100 members were present.

The Banquet.

The Banquet in observance of the 126th anniversary of the Connecticut State Medical Society was held at the Hartford Club on the evening of Thursday, May 16th, at 6.30 o'clock, and was in the form of a patriotic demonstration in honor of the loyal and patriotic members of the Society who are now engaged in the world struggle for liberty, justice and humanity. Nearly two hundred members of the Society participated in this event, joining heartily in the patriotic songs, applauding vigorously the patriotic sentiments expressed, and creating an atmosphere of loyal support to the calls to patriotic duty.

Dr. George R. Miller, Anniversary Chairman, presided and acted as toastmaster. He introduced first Dr. C. J. Bartlett, of New Haven, the newly-elected President of the Society, who responded with a few well-chosen words, expressing his appreciation of the honor conferred upon him and voicing confidence

in the members of the medical profession who were being called upon for extraordinary service in this time of stress.

Hon. Marcus H. Holcomb, Governor of Connecticut, was introduced by Dr. Miller as Connecticut's third war governor, and spoke on "Connecticut in the World Crisis."

"Hartford's War Activities," was the subject to which Hon. Richard J. Kinsella, Mayor of Hartford, responded.

The Right Rev. Chauncey B. Brewster, Bishop of Connecticut, made a stirring appeal for the recognition of the "Spiritual Factors of the War."

The last speaker was Dr. Phineas H. Ingalls, Surgeon-General of Connecticut, who spoke on the "State Medical Service."

Music was furnished by Colt's First Regiment Home Guard Band, and added much to the enjoyment of the evening, greeting each speaker with appropriate airs.

Attractive programmes bearing the U. S. Flag in colors were distributed.

PRESIDENT'S ADDRESS.

PRESIDENT'S ADDRESS.

The National Physique.

EDWARD K. ROOT, M.D., HARTFORD.

Members of the Connecticut Medical Society:

When the 125th Annual Convention of this Society was held at New Haven, May 23d and 24th, 1917, the United States had been at war with the Imperial German Government a little over five weeks. Few of us then understood, and probably many still fail to actually realize now, the magnitude of the struggle that we are engaged in, and the far-reaching consequences which are sure to follow the cessation of the war when it finally does end. A war of such magnitude, involving so many contesting nations, would in itself defy all prophetic insight to gauge the possibilities of the future, but this struggle in particular, we are now beginning to understand, carries with it the promise of consequences so far-reaching, so stupendous in their range that we can only dimly apprehend, perhaps fear what the future may have for us.

For nearly three hundred years we have lived under a social order which has guaranteed to each and all of us life, liberty and the pursuit of happiness, which guaranteed to each the possession of any property he might acquire, the right to inherit from his forbears, and the right to bequeath to his wife and children anything he might save as the result of a laborious life. He was protected in his right to work, to choose his own avocation; he was protected in his right to come and go on his lawful errands, and was guaranteed against violence, robbery and murder. The law even provided that he should not carry weapons to defend himself, reserving that right to the State, and depriving the individual of the right to carry weapons to defend himself, believing it unnecessary.

Now, we are confronted by an enemy whose entire system of government is autocratic instead of democratic, whose intelligence, whose foresight and whose efficiency is far beyond our

own, but whose principles of government based upon autocracy, and whose ethical code based upon a philosophy that we cannot follow, is as opposed to our own as darkness from light. In defence we have taken up arms to preserve our system of democracy. We have yielded our individual rights as citizens and are submitting to a system of State control—a form in fact of state socialism, far beyond any experiment we have previously tried in the course of our development.

The Government control of railroads, the regulation of the prices of foods, fuel and other necessities of life, the wholesale commandeering by the Government of ships, dock property, waterways, direct federal taxes, the income tax, and finally the establishment of the Selective Draft, the tax paid in blood, all suggest in outline the changes that have taken place in the year since the Society last met. All these changes in our scheme of government, the enormous centralizing of autocratic power in the Federal Government at Washington, are definitely war measures in order that we may carry on warfare as it is now waged with the greatest efficiency and least cost to ourselves; but when the time at last comes when fighting overseas ceases, when a truce or peace is declared with the Central Powers, are we prepared to disband our armies, to resume our normal course of life which existed prior to April 6th, 1917, and wait patiently until we are again threatened and attacked, or what is far more probable, attacked first without warning, plundered, slaughtered and perhaps bankrupted and then accused of aggressive warfare? Or, if no oversea foe has found that we possess that which we are too inert or cowardly to defend, have we no domestic foes, is there nothing in our social order itself that we or our children may not have to defend if we still believe in the sanctity of a just debt, the obligation of a contract, and the rights of the individual citizen to inherit from his father, to transmit property to his children, the right to work and to save? Are there no Bolsheviki in America ready to make our country a second Russia if opportunity offered? Most of us realize I think that anything we may have acquired that we value is equally coveted by any who are denied it. If we wish to hold it and

transmit it to our children, whether it be civic liberty or personal property, we must be prepared to defend it at the risk of shedding blood.

It is on the result of the Selective Draft and some points of interest that have arisen in connection with it that I desire to speak this morning. A selective draft is not new in this country. It goes as far back as the time of the colonies. On May 1st, 1637, the General Court of Hartford resolved, "We wage offensive war against the Pequot Indians, and 90 men were drafted from three towns, 42 from Hartford, 30 from Windsor, and 18 from Wethersfield, under the command of Captain John Mason, of Windsor; provided with arms and sent them out to join others to destroy the Pequot Indians." Compulsory military service was nothing new even as far back as the colonies; but it was not until the war between the States, until 1863, that a universal or general conscription was applied to raise troops. In the years 1863 and 1864, 11,017 men between 18 and 45 years of age were summoned for examination for a selective draft, not unlike in principle although different in application from the present law now being enforced.

The application of the principle that every male citizen owes to his country to prepare himself to act as a soldier for the common defence is nothing new in older civilizations, and while at present it is applied as an emergency measure with the hope, latent if not expressed, but generally felt among us, that when the emergency is over, when the actual necessity of war ceases, the selective draft law will be repealed and our armed force revert to the small police detachment which protected us for so many years. Whether that is true or not, what the future has in store for us no one can tell, but it seems proper and fitting for us at this time to discuss some of the advantages which universal military training may give a nation, and before a professional body of men it seems fitting that we may properly discuss what the physical training of army life gives, what the discipline that life in the ranks affords, what the self-sacrifice the conscript rather than the volunteer endures, what all of these factors may do for our future young men. I have approached this subject

from the standpoint of the impaired life, the recruit examined and found wanting, physically incapable and unfit to serve his country in the ranks of his comrades.

The result of the examinations made by the various local district Draft Boards throughout the United States will when they are collected, tabulated and published prove a vast mine of information for the student and the anthropologist. It is not possible at this date to obtain such data. Such returns have been requested, but few if any of the local Draft Boards have had time to do the clerical work necessary to tabulate their returns. I have been able, however, to personally examine the records of two districts in Hartford and one in Middletown, covering a total of 2,679 recruits examined, with the impairments which the rules of the Provost Marshal's office caused rejection from service, and it has brought to light some interesting facts.

Out of a total of 2,679 examined, 893, or approximately 33%, were found physically defective; in other words, one young man out of every three between the ages of 21 and 31 was sufficiently physically defective to be rejected as a soldier. Below normal standard of weight calls for the greatest number of rejections, namely, 205; defective vision rejected 166; some physical deformity or lameness, either the result of injury or disease, caused the rejection of 119; defective teeth 61; flat feet 67; heart disease of various types 71; deafness or disease of the ears 26; tuberculosis in all forms 34; insane, epileptic or imbecile 20; and the remainder various rarer impairments, such as syphilis, 4; disease of the abdomen 4; overweight 6, and enlarged tonsils 2.

In comparing these figures with the result of the draft in 1863 and 1864 some interesting comparisons can be made. In the two years, 1863 and 1864, 11,017 men were called for examination and 3,253 were exempted on account of physical causes, 29%, approximately. An exact comparison as to the causes of the rejection is not possible owing to a different system of classification, but it is still possible to get the causes of rejection for many standard impairments. Out of the 3,253 rejected 220 (or 6%) were declined on account of defective vision, 77 (2%) on account

of disease of the ear, 305 (9%) for defective teeth, 140 (4%) for heart disease, 291 (8%) for hernia, 225 (6%) for deformity or lameness, 228 (7%) for varicose veins, 332 (10%) for insane, epileptic or imbecile states, and 103 for disease of the lung and consumption—a fair comparison of what we now classify as tuberculosis. In other words, it will be seen that the proportionate number declined for each specific impairment in 1863 and 1864 will not vary materially from those reported in the selective draft for 1917. If we compare the causes of rejections in the two drafts, 1864 and 1918, we find that on account of defective vision 6% were rejected in 1863 and 18% in 1917; for defective teeth 6% in 1863 and 9% in 1917; for flat feet 2% in 1863 and 8% in 1917; for tuberculosis in all forms approximately 3% were declined in 1863 and 3% in 1917; for heart disease 4% in 1863 and 7% in 1917; for hernia 8% in 1863 and 8% in 1917; for deformity or lameness 6% in 1863 and 13% in 1917. It must be recalled that these percentages and comparisons are necessarily roughly made. The draft of 1863 included all men between 18 and 45 and the selection and examination itself was far less rigorous than that applied in 1918. The conditions of the population in 1863-4 were likewise radically different from those of 1917 and 1918. The United States census in 1860 gave a total population for Connecticut as 460,147, of which the total foreign born was 80,696. The census of 1910 gave the population of Connecticut as 1,114,756, of which 374,000 were foreign born white males. It is clear therefore that while the percentage of foreign born has enormously increased the total number of rejections for military service has risen only three per cent. There is nothing in the evidence or the figures so far as I have been able to see to warrant the belief that the mixture of foreign born population has in any way lowered the physical standard of our citizens.

It is proper to call attention to the fact that the draft of 1863 like the selective draft of 1918 followed a period when volunteers had flocked freely to the colors. In all times of national stress and danger, volunteering always draws the alert, enterprising, adventurous and intelligent; in other words, it is in

itself an automatic draft system, which selects the best. This proved to be the case especially in 1917; so it seems to me that the comparison between the conscript of 1863 and the select conscript of 1918 is a fair one, that is, they both represent as fairly as any comparison can, the physical condition of the men of that time, and as the result of that comparison we must acknowledge that one in three is a defective, that is, not physically up to the full standard of manhood.

A paper could be written on the causes of this. It is easy to mention a few contributory factors which have undoubtedly had their influence in producing this lowering of our physical national standard: poor food, neglected hygiene, bad sanitary surroundings, neglect of physical training. Neither in 1863 nor now has there been any well organized or systematized attempt at physical training of young manhood, certainly nothing to compare with the systematized gymnastic training that had prevailed for years in continental schools prior to the age of army life. Some attempt has been made in recent years by the establishment of athletic clubs, the introduction of gymnasiums in the public schools, and Y. M. C. A. recreation halls, the establishment of summer camps for boys and girls, and the increasing tendency for out-of-door sports and games. All of these are hopeful and helpful, but by the time the average youth has finished his public school course and is preparing to earn his own living the greater majority have little systematized athletic training and practically no supervision over their personal hygiene.

Many of the impairments found in the list I have outlined above are susceptible of great improvement, if not cure, by a system of physical education during adolescence. How many of these 166 cases of defective vision could have been saved and corrected by early training and attention of a competent oculist? How many defective teeth could have been prevented by a reasonable dentistry in early life? How many of the 119 deformed and lame; how many of the 205 underweights could have been brought up to proper physical proportion and proper physical standard by regulation of exercise, of food and of training?

Apart from the training as a professional soldier that the young recruit receives at one of our army camps to-day he is in innumerable instances being made over physically; a new man is being built up out of often most unpromising material. Any of you who have had an opportunity to observe the young soldiers now everywhere on our streets cannot but be impressed with the physical effects of a few weeks' military drill and discipline. Those of us who have had an opportunity of examining these young men as they passed through their various district boards, of observing round-shouldered, undeveloped, soft-muscled, pasty-faced young fellows already showing the effect of factory life and close confinement, lack of fresh air with perhaps some effects of the habits of the youth of that age, and then observe this same type of young man after three months' life at Camp Devens, observe the difference. I fancy many a father or mother who deplored the effect of the selective draft act which withdrew her boy from civil life and placed him in the army has at least found consolation in the improvement, mentally, physically and morally, from the wholesome life, hard work and strict discipline which is enforced in the army cantonments.

After all may it not be worth all this war has and will cost us; may it not be worth all the blood and treasure that we are and may have to pour out to sustain ourselves and defend our country and our principles if our young men have learned the fundamental principle that they must sacrifice their own personal whims and desires, must yield prompt and unquestionable obedience, must respect the flag and obey their superior officers, even though that superior officer may seem unreasonable and autocratic? Will not the physical improvement, the mental training, the inculcating of habits of order, discipline and system do us in the long run more good than harm?

This paper is a plea for the National Army of the future. I hope whatever the outcome of this war may be that some form of a National Army will continue to exist, a system that will make every young man reaching adult years realize and cheerfully yield up his time, his future hopes and ambition, if necessary his life, for the service of his country, and incidentally go

through the school, the training and the discipline which such an army can give. A National Army based on such principles that secured its recruits automatically and impartially would be the greatest school of democracy the world has ever seen. All should serve and stand alike before the law; all should obey those the law placed in command over them; all would reap equal benefits, and in my judgment all would retire at the end of the year or two years' service far better fitted for their future career in private life physically and mentally than ever before.

SCIENTIFIC PAPERS.

Acute Appendicitis with Observations of Fifty Consecutive Cases.

JOHN F. SHEA, M.D., BRIDGEPORT.

The observations here reported are based upon a study of fifty consecutive cases of acute appendicitis operated upon at the Bridgeport Hospital by myself or Dr. P. W. Bill with whom I am associated, and cover a period of six months ending March 1st, 1918.

My paper is not a lengthy or scientific one, simply a presentation of the most important features of an affection that is very common and one upon which more papers have been written than perhaps any other subject in medicine or surgery. In spite of the above, there is no other disease (empyema not excepted) in which the early recognition is so often overlooked as acute appendicitis. In the hospitals to-day there are entirely too many cases of this disease requiring drainage, and the reason for this lies at the door of the medical man, who pays but little attention to the order of development of symptoms occurring so characteristically and which enables one to make a differential diagnosis at a time when that diagnosis permits the best surgical treatment. The symptoms in the order of their appearance are so constant and important that it will be well to enumerate them here:

FIRST: Pain, which is never absent, colicky in character, usually at first referred to the epigastrium, later at the site of the appendix. The pain reaches its acme in from six to ten hours, then gradually subsides, this subsidence being due to escape of the infective material back of the cecum; to the rupture of the appendix; or to the development of gangrene.

SECOND: Nausea or vomiting, a very important symptom in that it never precedes but always follows the pain, and one may say, without fear of contradiction, that if nausea or vomiting comes first it is not appendicitis. This nausea or vomiting is reflex due to distention of the appendix.

THIRD: Abdominal sensitiveness and muscular rigidity over the site of the appendix, showing markedly when contrasted with the other side.

FOURTH: Elevation of temperature coming on three to twelve hours after the onset of pain. This symptom is so constantly present that here again one can safely say that unless there is some elevation of temperature, the appendix is not at fault.

FIFTH: Increase of the leucocytes and polymorphonuclear elements of the blood. One should not rely wholly on the leucocytic count for this is deceiving, as you will see when we speak in more detail of the blood changes revealed in the cases studied.

In this series 28 were females, 22 males; the youngest seven (7) years and the oldest 83 years. Four occurred during the first decade of life, 17 during the second decade, and 20 during the third. Again emphasizing what has been known for a long time, that appendicitis is essentially a disease of adolescence and is comparatively rare in the young and old.

Twenty-two cases were kept at home under a physician's care for a period of three days to two weeks, many of which received internal medication purgatives or local applications. In some cases all three treatments were given and the two patients that died were of this group.

It is little short of criminal to administer purgatives to patients with acute appendicitis and often it is fatal. There is no illness that man is subject to in which medication is less warranted than acute appendicitis. If all medical men would recognize this fact, and when they see an acute abdominal condition, call in a surgeon instead of peddling pills, many a sufferer would be spared a tedious convalescence or an untimely death.

Eleven cases showed before operation a palpable mass in the right quadrant. When such a mass is present one is dealing with an appendiceal abscess. Much controversy has been waged as to whether an abscess should be opened and appendix left untouched or whether the appendix should be removed at the

time. I think it is not good surgery to merely drain an abscess. The appendix should be sought for and removed.

When one cuts down on the mass he will find it consists of omentum, cecum, and appendix, the omentum being glued to the surface of the cecum. To attempt to free the omentum would be dangerous as pus lying beneath would escape into the peritoneal cavity. One must therefore completely wall off the abscess and this is done by picking up the omentum to the inner side of the cecum, doubly ligating it and pushing back the healthy omentum into the abdomen, then completely walling off by abdominal pads the abscess to which the distal portion of the omentum is attached.

Twenty-nine cases required drainage. Think of it! More than half the cases sent to the surgeon late. Doctor Murphy was right when he said, a short time before his death, "It will be necessary to go over again the diagnosis and treatment of appendicitis. Much as we believed fifteen years ago that the medical men of this country had gotten hold of this subject, it is apparent that there are far too many who do not appreciate its importance."

In six of the twenty-nine cases there was free pus in the peritoneal cavity. In the cases where free pus is encountered, it has been our custom to place rubber tubing in addition to cigarette drains.

When there is nothing to drain, cigarette drains are enough. They admirably fulfill their requirements of walling off the area from the general peritoneal cavity by exciting a protective peritonitis; but they are insufficient where drainage is required. Their meshes quickly become blocked and the gauze becomes a plug, preventing instead of facilitating escape of pus.

The removal of drains is an important one, many being removed too early without having fulfilled their purpose, and if removed prematurely, the patient is certainly worse off than if he were not operated upon. Drains should never be removed until there is a normal temperature, active intestinal peristalsis, and good bowel action. Rubber tubes should be rotated at least once a day.

As stated earlier, the blood picture is a matter of great interest and importance. I have had a leucocytic and differential count made on all the cases. Usually one finds an increase in the leucocytes and also polymorphonuclear elements. However, if one were to rely on the leucocyte count alone, he would often be deceived, for several of our cases showed a low normal leucocyte count with an increase in the polys and yet the appendix was found to be very acutely inflamed or even gangrenous. On the other hand, the leucocytes may be high and the polys low and the appendix badly infected. In no case was there a low leucocytosis with normal polys and this is important, for if such a combination was found, acute appendicitis could be ruled out. It has been my experience that where the leucocyte count was low with a great increase in the polys, say 93% to 96%, the convalescence was slow and protracted; that a high leucocyte count with a moderate increase in the polys meant a speedy and uninterrupted recovery; while a high poly with a high leucocyte count usually meant drainage.

The complications noted after operation were as follows: three cases of pneumonia, two fecal fistulas, two residual abscesses, and four cases of ileus.

Lung affections occurred only in the cases where sepsis was already present. There is no question but that the routine preliminary use of atropine and the administration of the anaesthetic by skilled anaesthetists accounts for the fewer lung complications following operations of to-day, as contrasted with the large number of these troublesome affections that occurred before the popularity of atropine and when the administration of ether was entrusted to the family physician or the youngest hospital interne.

Residual abscess is not at all uncommon and should be suspected when a post-operative fall of pulse and temperature is followed by local tenderness and swelling accompanied by a rise in the temperature and pulse rate. In our two cases under ethyl chloride anaesthesia, a digital exploration along the tract of the tube evacuated pus.

The two cases of fecal fistula developed in cases of gangrenous appendices where the gangrenous process involved the cecum as well. Like the majority of these cases, both healed spontaneously; one in four, the other in six weeks.

Ileus, when encountered, should be treated heroically from the very beginning. It has been our practice to wash the stomach of all patients vomiting twelve hours after operation. One will be surprised with the good results obtained after this early lavage, but if vomiting recurs the procedure should be repeated. Pityuitary is of unquestioned value in promoting peristalsis, and should be injected into the muscle in doses of $\frac{1}{2}$ c. c. every hour for four doses. Enemata containing turpentine when combined with the above in all our cases has been sufficient to overcome post-operative ileus. Should the above fail to bring about relief, one should not hesitate in reopening the abdomen and seeking the cause of trouble.

In recording the number of days spent in the hospital by this group of patients, I have found it best to classify them into two divisions; those requiring drainage, and the non-drainage or clean cases. Out of twenty-nine cases drained, two died, the remaining twenty-seven passed 630 days in the hospital, or an average of twenty-four days each; while the twenty-one cases spent 274 days in the hospital or an average of a little better than thirteen days each.

What a marked saving to the patient who has not required drainage, not only financially, but socially and physically as well; and what a decided and important aid to the surgeon also, who can say to his medical brother, "I can send your patient home cured in thirteen days if you will only send him to me when his appendicitis is beginning."

In conclusion, let me state I cannot recall a single fatality in the operation of acute appendicitis performed during the first twelve hours following the onset. When one compares this record with the increasing mortality following every hour's delay after the first day of illness, I positively maintain that no criticism is too severe for that group of men who will say, "Yes, it looks like a cold in the intestines, but there is always a chance

of it being appendicitis. I will treat you medically for a few days and if you do not improve, it is then time enough to call in a surgeon."

DISCUSSION.

DR. DANIEL SULLIVAN (New London): Gentlemen, Dr. Shea's suggestion that we reconsider the question of appendicitis, to me seems timely and very important. I do not believe that we should reconsider it on the ground that we know less about appendicitis than we did fifteen years ago, but we might reconsider it on the ground that we know more about the other conditions that simulate appendicitis in the early stages. It is mighty disappointing to send a child to the hospital for operation with a diagnosis of appendicitis, only to find a few days later that the case was really suffering, the pain was really due, to a diaphragmatic pleurisy that we know so often ushers in a pneumonia. It is depressing to take out an appendix because there has been pain in the region of the appendix and find that your patient still goes on with a fever and after a few days you learn that you did not have appendicitis but had a case of typhoid fever. And it hurts when you take out a perfectly normal appendix and find that the pain recurs, and recurs again, and sometime within the next year the patient walks into your office and deposits a renal calculus on your table and says "Ever since this was passed I have been feeling better." I feel that these are conditions that keep the general practitioner from jumping at conclusions and hurrying the patient to the operating table. The most common mistake that I find is the waiting for some one symptom or one condition upon which to reach a conclusion. So many times a man will say "I don't believe that this is appendicitis, or if it is appendicitis it does not amount to anything because there is no fever or very slight fever." It is a well known fact that an appendix can go to the point of perforation and it can go on to gangrene with very little or no fever.

Another condition; a man will say "There is no tumor mass; I am waiting for the tumor mass to form. I don't believe it is appendicitis because there is no tumor here." When we get the tumor the damage is done. In ninety-nine cases in one hundred I think you will all agree the appendix has already ruptured. If it hasn't ruptured it is so close to it that the peritoneal coat is barely hanging and it takes a mighty expert man, and an appendix must be in a mighty convenient position, in order to remove it without rupturing it. I believe the most common failure of all is depending on abdominal rigidity. Now, you get abdominal rigidity in the majority of cases; in so many cases where the appendix is situated in the pelvis you can get perforation, you can get an abscess, and you can have a high grade of pelvic peritonitis and you can thump and punch

the abdominal wall quite freely and elicit no pain and cause no spasm of the abdominal muscles. I believe if more men would make it a practice to examine per rectum, get the finger accustomed to the normal condition per rectum, that they would frequently find the mass that spells appendicitis.

In looking over the reports of several of the hospitals of the state I found that their mortality from appendicitis was very low, very low, in spite of the fact that most of the cases that come to them come in the pus stage. I don't believe we should consider the question of mortality entirely, although we should strive to get down to the zero mark. We have the patient's post-operative health and comfort to consider. Then there is a question of economics that comes in. If, as Dr. Shea says, we can get a case in the first twelve, or we might say in the first twenty-four, hours we know that in the majority of cases the appendix can be removed and the wound closed and the patient will be confined not over seven to ten or twelve days, and in another week the patient is ready to take up his regular occupation. But when we get pus, it means weeks and many times months of convalescing. The patient is not only put to a great deal of expense but it is a great loss to society in general.

The operation of appendectomy in itself is a simple operation in the majority of cases, but when we get pus it is a different proposition. The draining is very important, and as Dr. Joe Price says "He who drains well does surgery well,"—applies more I think in cases of appendicitis than in anything else.

DR. LAMPSON (Hartford): Mr. Chairman, I think that Dr. Shea's paper is at this time very fortunate because we have all felt in our hospital services that the men on the outside, the general practitioner, had come to the conclusion that the surgeon could save all cases of appendicitis no matter how bad they were. I think that it has been noticed that with each succeeding year during the last four or five years, we have had a greater proportion of pus cases, a greater proportion of general peritonitis cases, and cases that, therefore, had to be drained. I don't believe it is lack of ability of the diagnosis in these cases as much as it is confidence in the ability of the surgeon to cure them no matter how bad they may be. I think it is a mistaken reliance on a surgeon's ability because there are a certain proportion of cases that we cannot save. Then, on the other hand, there are some cases, some patients, who are so oblivious to pain that they bear their abdominal pain without consulting anyone and they come to the surgeon or they come to the physician and, on the first call, the physician finds that that patient has a ruptured appendix possibly, or a general peritonitis, and he rushes the patient to the hospital. That has not been the physician's fault. That has been the patient's fault.

I remember very well one such case that I had a short time ago where a young man had appendicitis for three days. He was operated on within three and a half hours after he was first seen by his physician. So I don't think it should all be put up to the general practitioner; it is partly up to the patients themselves.

Of course there are, as we all know, some conditions which simulate appendicitis besides those that were mentioned by Dr. Sullivan. I mention this case simply as one of them.

I had an experience in my own family of the difficulty of diagnosing appendicitis. My small boy, six years old, was taken with an attack of acute abdominal pain. The only thing I could think of was appendicitis. I called in a fellow surgeon to see the boy and he said: "No, it can't be appendicitis with such a lax, flaccid abdomen and normal leucocyte count. The diagnosis was Potts' disease of the dorso lumbar vertebra and the pain was referred to the umbilicus from pressure on the posterior dorsal nerves.

As to drainage of abscesses, I can't quite agree with Dr. Shea. I think the sooner we get the drains out the better. I think drains are left in too long, because after three or four days a drain, whether it is a rubber tube or a cigarette drain, does very little good. If it is necessary to open up the tract again, why do it by some other means than by keeping a drainage tube in there too long.

In the cases of general peritonitis I think the methods have changed so that no one now ever flushes the abdomen or anything of that kind. The aspirator is of great assistance. It should be used with much care where we have general peritonitis. The less the tip is poked around in the cavity, the better. It should be used in the appendical region and in the pelvis and put in no other place.

If you want to find out if you have pus on the other side of the abdomen, the best thing to do is to make a counter incision but do it with clean instruments and a new pair of gloves, so that if you do not find it you have not contaminated that side of the abdominal cavity.

DR. E. H. ARNOLD (New Haven): I do not operate on appendix cases but hope I send them early enough to the general surgeon. Two things appeal to me in the paper of Dr. Shea's and Dr. Sullivan's discussion. The way Dr. Shea dealt with the old superstition that a piece of gauze will drain an abscess. Gauze will drain liquids by capillary action of its meshes. When these become filled by more or less solid matter such as fluculent pus its capillarity ceases and it will not even drain fluid. The advice to use rubber tubing is good for all kinds of drainage. Even the smaller sizes of this become plugged and the fenestrae of the larger ones become obstructed. Therefore, the rotating of the drain is a small but important item in the technique of draining. Dr. Sullivan draws attention

to the economic importance of getting people out of the hospitals quickly. I wish to emphasize this point. Our hospitals at the present time are crowded. Nurses are scarce and are becoming scarcer as the war depletes their ranks. The withdrawal of physicians and surgeons from private practice will bring more people to the hospitals. The withdrawal of attending physicians from hospitals for the war will further complicate matters. It is then of the utmost importance to evacuate hospital beds as quickly as possible. I have roughly calculated what an economic saving the procedure of Dr. Shea's meant.

He saved approximately fourteen days on each case. As he had thirty cases the number of days saved is 520, roughly speaking, a year and a half occupancy of one bed in a hospital. You can readily see what an important item this would become to a hospital of 100 beds should we succeed in shortening the occupancy of all of our appendicitis cases to a nearly like amount.

DR. BILL (Bridgeport): I should like to emphasize one point that Dr. Shea brought out about operation. It is not a question of differential diagnosis; we all know how difficult it is in a great many cases to decide whether a case is appendicitis or one of a number of other things as Dr. Sullivan has suggested. The point is this, that after the doctor has made the diagnosis of appendicitis the thing to do is to have his case operated on, not to treat it medically nor to go home and wait two or three days to see if the thing will resolve. After the diagnosis is once made of appendicitis have it operated on.

DR. TAFT (Hartford): I want to congratulate Dr. Shea on his admirable paper. I was quite interested this noon in looking over some old statistics of operations in cases of gangrenous appendicitis, not acute catarrhal cases, but gangrenous cases and I was much startled at the mortality records. I found that in the first 100 gangrenous appendices which I operated on I had a mortality of fourteen per cent. In other words, I lost fourteen cases. In the last 100 I lost three. I then commenced to wonder just what there was about my former method of operating which might have produced that high mortality in the early stages of my operating career. As I looked back I found the amount of drainage material I put into the abdominal cavity was excessive. In the old days I was very fond of putting in what we called a big handkerchief drain and stuffing that with gauze. Some of my cases developed an ileus—rather a large proportion. I didn't succeed either in shutting off as many cases of general peritonitis following the operation as I have in recent years with less drainage. I think, although I can't say this from statistics, that I had more shock and consequently a lowered resistance to infection following the greater degree of manipulation of earlier cases than I have

had recently. Lately it has been my custom to do away with gauze drainage as distinguished from tube or gauze wrapped up in rubber. Probably in the majority of cases to-day where I use drainage at all I use the so-called cigarette drain. I believe that in the vast majority of cases where we use a drain that if we use one fair-sized cigarette drain placed in the lowest point in the pelvis with the patient in the so-called Fowler's position, or something approaching it, that our cases do quite as well as where we used multiple drainage. That conclusion is arrived at from my own personal observation of cases rather than from the experience of other men.

I think the individual factor enters so largely into one's results or success that it is very difficult to lay down a standardized rule for operations. It has been my custom to remove the appendix in every possible case. I don't recall in recent years of but one abscess that I drained. That was a child and he had had an abscess for several weeks, perhaps a month, and that appendix I subsequently removed.

I don't believe it adds materially to the risk to tear apart tissues provided it is done carefully and provided the operator can operate by touch. I think it is essential in doing abdominal work to be able to separate your adhesions by touch rather than by sight. We ought to have an educated finger to do the work successfully. I believe we keep drains in too long. There may be cases where it is wise to keep them in eight or ten days, but I think I agree with Dr. Lampson as to the usual length of time they should be left in. I think the time should be shortened rather than lengthened. In some cases I take them out the second day. I don't know but as large a percentage of them get well if the drain is left in longer, but I wouldn't care to say they do. I believe I have been quite as successful personally in taking them out the second day. To-day I do not apply drainage to cases of gangrenous appendicitis where there is no pus. In some of those cases I put a drain through the abdominal wall down to the fascia. They get well far more quickly than when the drain is put down into the pelvis. I believe we are going to gradually do away with drainage except in a small percentage of cases.

DR. OSBORNE (New Haven): Just a medical word. Suggestion was made by the last speaker of less shock occurring now than formerly. Sometime ago we had everybody giving the anaesthetic. I believe that there is less shock now because of the greater care before the operation, the greater care after the operation, and the less amount of the anaesthetic. Also, when the patient is not knocked out that means his whole metabolism is better, his blood is in better condition to fight toxemias, his kidneys work better. I think these facts have a great deal to do with the better prognosis of surgical operations.

DR. SHEA (Bridgeport): Just a few words as to the fever noted in acute appendicitis. There is always a temperature sometime during the first twelve hours. I cannot recall a single case of acute appendicitis, coming under my observation, during the past five years, where there was no elevation of temperature. Usually the temperature ranges from 99.5 degree to 101.5 degrees. When you encounter an elevation as high as 103-105 degrees you better look elsewhere for the trouble.

As to the diagnosis, I wish to emphasize that it is the order of symptoms that enables one to make a positive diagnosis in practically every case, pain, nausea or vomiting; abdominal sensitiveness, fever and changes in the blood; that is the order in which the symptoms occur and if you will question your patient he will tell you that exact order of occurrence of symptoms.

To-day, in speaking of acute appendicitis, it should not be a question of mortality, but how long were you confined in the hospital. Nobody should die of acute appendicitis. If they do, somebody is at fault, either the doctor or the patient, more often the former. I think I might again repeat that an early operation lessens your patient's stay in the hospital eleven days; that is of certainly greater importance to the patient and surely a question of economics to our present overcrowded hospitals.

In speaking of drainage, I did not say you could not remove them in three days, but I do say you must have more to go on, than the mere number of days they are to be inserted. You must follow a definite rule or key, and that key is normal temperature, active intestinal peristalsis and good bowel action. It has been our custom to gradually shorten the drains, taking four to six days for their entire removal, rather than completely removing them at the one sitting.

Tuberculosis of the Lungs with Especial Reference to the Importance of Adenopathy.

JAMES A. HONEIJ, M.D., NEW HAVEN.

In general with tuberculosis of the lungs emphasis should be laid on two types of cases (1) early tuberculosis with positive clinical findings, but which upon radiological examination show greater involvement than the signs and symptoms would lead one to suspect; (2) advanced tuberculosis with signs and symptoms which are masked or difficult of interpretation, but which give the general impression of advanced tuberculosis. There is a third type of case, in reality not a true pulmonary tuberculosis, which presents no definite signs, but usually shows inflammatory changes, mainly around the hilus and in the peribronchial tissues. The latter should be included among reportable cases, for parenchymal involvement may follow. The diagnosis is dependent chiefly upon the shape and size of the chest, the shallow breathing, the small movement of the diaphragm and the inflammatory changes. Such cases, especially when they show glandular involvement, should be classed as early cases of tuberculosis.

From a roentgenological point of view tuberculosis may be divided into parenchymatous and peribronchial tuberculosis. The latter type deserves consideration especially because it is often associated with tracheo-bronchial gland involvement, though it is also true that with rapid, acute pulmonary tuberculosis the glands often enlarge and sometimes become an index of the acuteness and duration of the attack. All the classical clinical signs occur in parenchymatous more frequently than in peribronchial tuberculosis. It is also noteworthy that greater accuracy of diagnosis obtains in pulmonary cases where the process is unilateral; and this is particularly true, if there is no gland involvement.

Naturally tuberculosis of the hilus region—which means tuberculosis of the lymphatics and glands—affords fewer clinical

signs than does pulmonary tuberculosis. In the examination of children for tuberculosis, notwithstanding many well described signs aimed to secure accurate diagnosis, the question of the extent to which the glands are involved is always difficult to answer. For the moment we may assume that if there is fever and the ordinary physical signs are insufficient to warrant the diagnosis of pulmonary tuberculosis, the involvement of a group of glands is responsible for the symptoms—but this is not a diagnosis.

In adults, tracheo-bronchial adenopathy is not uncommon and I have been particularly interested in the question, whether it affords sufficiently early and adequate evidence of pulmonary tuberculosis, and, if not, what is its significance. Now, experience teaches that swelling of the lymph glands is characteristic of primary, not of advanced tuberculosis. Furthermore, a diagnosis of tracheo-bronchial adenopathy is of considerable importance in children; not only in infants, but also in children to the age of ten or more years, because in the large majority of children the lymph nodes are tuberculous and pulmonary tuberculosis frequently is associated with gland tuberculosis.

Two types of hilus involvement are recognized: (1) a definite pulmonary, peribronchial and gland tuberculosis, and (2) hilus gland and tissue involvement without indication of pulmonary tuberculosis. The first is best illustrated by cases of unilateral, definite parenchymatous tuberculosis; the second by cases in which the hilus region has become affected before signs appear in the parenchyma, though later pulmonary changes develop and may be readily diagnosed.

Obviously, then, from a pathological point of view the hilus region is important. A number of investigators have shown that frequently the earliest lesion occurs in the hilus glands and later they are affected more intensely than the lungs. Thus Ghon states that alterations in the lymphatic glands of children are never absent on the side of the lung focus; and Parrot, on the basis of post-mortem material, says that the primary lung foci in children are practically always accompanied by tuberculous changes in the lymphatic glands adjoining the lungs.

Roentgenological methods clearly demonstrate that tuberculosis may begin around the roots of the lungs, where physical examination fails to give satisfactory results, much more frequently than had previously been supposed.

According to Tendeloo primary foci occur chiefly in the peribronchial and perivascular tissue; and it is possible that bacilli either pass directly from the pulmonary lymphatics or do so after they have infected one or more of the peribronchial lymphatic glands. If this be acknowledged, probably the lymphatic tissue and the glands about the hilus become affected quite early, even before parenchymatous changes are demonstrable.

Opie holds the opinion that approximately 50 per cent of adults have encapsulated lesions in the lungs or the bronchial lymphatic nodes. Discussing the question of tracheo-bronchial glands Tendeloo quotes Nageli's figures showing that among 111 cases of latent, inactive tuberculosis of the lungs and glands, the tracheo-bronchial glands alone were diseased in 16 cases. It is surprising to what an extent the hilus region is involved in patients with acute respiratory infections. The glands are enlarged and there is often pronounced congestion of the surrounding tissue which may not subside until after the ordinary physical signs have disappeared. In chronic cases, even with frank tuberculosis, the glands are often enlarged and present many small calcified areas. In both acute and chronic cases where parenchymatous changes in the lungs are demonstrable only with difficulty, or not at all, the peribronchial tissues and at times the pleura also are found thickened.

In 1911 in a study of the mediastinal glands, I expressed the conviction that enlarged glands may be responsible for the signs interpreted to mean an early apical tuberculosis, and furthermore that they are as common in adults as in children. At that time, however, I did not appreciate that enlarged glands often represent the starting point for later pulmonary tuberculosis. In this sense they thus afford opportunity for a very early diagnosis, the value of which is widely appreciated and has been especially emphasized by Overend and Hebert. These writers also state that the types of pulmonary tuberculosis most liable to render the clinical diagnosis uncertain are:

(a) A purely glandular type, affecting the hilus, bifurcation and paratracheobronchial lymphatic glands, separately or collectively.

(b) A simple or attenuated form of peribronchial tuberculosis.

(c) The peribronchial disseminated type.

(d) The central or hilus type, in which the parenchyma of the lung becomes gradually infiltrated from the hilus region.

With this classification I agree for in a long series of cases I have observed all these varieties. Moreover, my experience convinces me that the first and fourth types are particularly important. I shall later demonstrate these types by means of lantern slides.

Adenopathy of the hilus group, as has been pointed out, may be directly related to the condition of the lung—a fact upon which Barjon lays particular stress for he is convinced that the development of pulmonary tuberculosis is often attributable to the gland lesions. My own opinion is that any involvement of the hilus region, whether lymphatic, pleural, glandular or otherwise, may indicate either a pre-pulmonary tuberculosis or an early pulmonary lesion. The enlarged glands alone may cause no special symptoms. They are found, as I have said, in other acute and chronic conditions less serious than tuberculosis; on the other hand, when associated with other clinical signs, as rise in temperature or changes in breathing, they become of great diagnostic significance.

Now, radiologically the hilus glands give a fairly definite image, though at times they may be confused with adjacent structures. Typically the hilus is separated from the median shadow, but, if the adenopathy progresses even a little, the hilus and the median shadow fuse. Again, the hilus shadow should be nearly homogeneous. It should be fairly clearly outlined, and somewhat crescentic in shape. On the other hand, if glands or inflammation of the hilus tissues are present the shadow is enlarged and becomes less homogeneous. On the left the hilus shadow is rarely well seen, for it is covered more or less extensively by the heart.

In the presence of an extensive and diffuse shadow extending

from the hilus region into the lung probably pulmonary involvement exists. Clinically, tracheo-bronchial adenopathy is associated with mediastinal adenopathy while radiologically they are separate. Barjon believes that this distinction is artificial, as mediastinal adenopathy in children is usually accompanied by a hilus adenopathy; in adults, hilus adenopathy usually ends with mediastinal adenopathy.

My observations in tuberculous cases indicate that not infrequently at a given moment the greater the hilus involvement, the less the affection of parenchyma and vice versa. In acute diseases this rule is reliable in the majority of cases, for example, in frank and broncho-pneumonia. In these cases it serves as an indication of the extent and acuteness of the process. Moreover, in certain cases of tuberculosis, especially of the peribronchial type, the shadow cast by the hilus region enlarges progressively to a certain point and then contracts, coincidentally becoming denser. With tuberculosis extending from the hilus, the shadow cast by the region undergoes progressive changes similar to those in the parenchyma until the process in the lungs is extensive and then it may be termed a pulmonary form. From this time, clearly, the hilus changes are unimportant.

In a number of cases I have found that before definite, well defined clinical signs of tuberculosis were present, the hilus region was reacting to the infection; and later the parenchyma became affected as the hilus signs were subsiding. Heretofore, the changes at the hilus in so-called pre-tuberculous cases have been considered irrelevant. In my own experience it was not until several cases returning for re-examination through a period of from three to six months or longer showed parenchymatous changes with disappearing hilus changes that my attention was directed to this region and the sequence of phenomena it presented.

The hilus region then, including the lymphatics and the glands, possesses no little clinical and radiological significance—a problem upon which I am working at present. While this statement of my findings is intended as a preliminary report, it will serve to draw attention to the fact that gland enlargement and

hilus changes must be taken seriously into account in the interpretation of radiographs for the diagnosis of early pulmonary tuberculosis.

DISCUSSION.

DR. BLUMER (New Haven): Mr. Chairman, and members of the Society. Before the advent of the X-ray in the diagnosis of disease we were dependent for our interpretation of disease processes on what we could observe clinically and what we could observe on the post-mortem table, and it is obvious that there were very serious drawbacks, especially in certain situations, in connection with the clinical and pathological points of view.

So far as the particular region under discussion is concerned, you all ought to know through practical experience that it is extremely difficult to diagnose, particularly in adults, pathological conditions in connection with the hila of the lungs; much more difficult than it is to diagnose changes in other portions of the lungs which are more accessible. In connection with the pathological observations it is well to bear in mind that in drawing conclusions from what we find on the autopsy table we are always laboring under one great disadvantage, and that is we only see the end result. Although we may have a series of cases we are frequently unable to make out a definite chain of pathological circumstances from the beginning to the end of the disease, and it seems to me that one of the important things that this paper brings out, is that the use of the X-ray may serve as an important link—I might also almost say a missing link—between the interpretation of the autopsy room and the interpretation of the bedside. It is likely to serve as an extremely important link between these two kinds of observation.

Of course, the paper brings up an old question that has been discussed a great many times before, and that is the relationship which exists between tuberculosis of the bronchial lymphatic glands and the tuberculosis of the parenchyma of the lungs. It seems to me that the point that Dr. Honeij has brought out throws a great deal of light so far as adults are concerned. For a great many years there has not been very much doubt about the relation between tuberculosis of the bronchial and the mediastinal glands in infancy and childhood and tuberculosis of the lungs in infancy and childhood. I think the reason that there has been no doubt in those cases is that tuberculosis in infancy and childhood is a progressive disease. We do not see tuberculosis regress in infants and children. At any rate, we don't see pulmonary or thoracic gland tuberculosis regress in children to anything like the extent we see it in adults. So on the autopsy table in children, even though the patient has lived for a considerable length of time, we find definite evidence both in the

glands themselves and the lungs that indicate the relationship between the two processes.

Now, as Dr. Honeij's paper brings out particularly, the thing that has misled us in our interpretation in the adult of the relationship between tuberculosis of the bronchial glands and tuberculosis of the lungs is that in a certain proportion of cases of pulmonary tuberculosis of the adult there is apparently a primary disease in bronchial lymph glands, and then a secondary infection of the lungs, and as the pulmonary process progresses the gland process regresses. You can readily see what that means from the pathological point of view. It means that when the patient has finally succumbed to the pulmonary process the glandular process has regressed to such an extent that we have been led to a probably false conclusion that there is no definite relation between the glandular process and the pulmonary process.

It seems to me that one of the chief points of interest that this paper illustrates is that one group of cases—we don't know quite how large a group—of pulmonary tuberculosis in adult life, is similar to those cases which occur in childhood in which the primary lesion is in the bronchial lymph glands and the secondary lesion in the lungs.

The only other point which occurs to me is whether the X-ray may not serve, as the electrocardiograph has served, as a method of putting us on the track of physical signs which we have hitherto overlooked. The use of the electrocardiograph was instanced because it is such a striking illustration. You all know that not many years ago when we recognized an irregular pulse we were not able to determine what type of irregularity it was. With the use of the electrocardiograph and instruments of precision we have now reached the point where we can detect with our ordinary unaided senses simply by feeling the pulse many of the different kinds of irregularity.

While this is a very difficult region to explore from the point of view of physical diagnosis, while the physical signs that have been described as indicating involvement of the hilum region are comparatively few, it occurs to me that there is a possibility that by the use of the X-ray in conjunction with methods of physical diagnosis we may be able to work out clinical signs that are much more accurate than those we possess at present.

DR. OSBORNE (New Haven): Mr. President, I don't believe I have any more to add. I think, as Dr. Blumer has already stated, it is very fine that we can get positive testimony of what these glands are doing and can do. Those of us who see the clinical side of things constantly realize how many, many times incipient tuberculosis gets by us even in the adult, and we feel that such testimony as this is one added thing to help us make our decision. Of course, there is another side, that we must not

condemn every man to tuberculosis because the picture taken for other reasons shows these glands enlarged. It does emphasize the fact that these glands can get into trouble many times from some infection, whether it is from the teeth, throat, or from tonsilitis, or the grippe or measles. And this emphasizes the reason that when we have grippe and measles in our military boys that they develop tuberculosis. Therefore, we should take X-ray pictures more frequently and be a little better forewarned and take a little better care of our post grippe and other infection cases.

DR. HONEIJ (New Haven): The only other point that I wish to emphasize is that I don't believe that a roentgenological examination alone is sufficient. Unless we combine the clinical side we are not getting proper diagnosis.

The Medical Profession and the New Public Health.

EUGENE R. KELLEY, M.D., BOSTON.

(Commissioner of Health, State of Massachusetts.)

In recent years we have seen come into prominence many movements both serious and faddish that have sought to distinguish themselves from their predecessors by prefixing the term "new." We hear much of new verse, new thought, l'art nouveau.

Of late sanitarians have begun to speak of the new public health. Perhaps in common with most other disciples of "new" cults and movements, we have used the term, just a bit superciliously, with an implied or expressed insinuation that the "old" public health was a very inferior brand of public health indeed! Yet if pressed for a comprehensive definition of what we mean by the term "new public health" our answers must perforce be a bit faltering. H. W. Hill in his brilliant little work bearing this phrase as a title has attempted to do so in a series of epigrams and illustrations, the central theme of all of them being, "The old public health concerned itself with man's environment for the explanation of disease—the new public health concerns itself with man himself."

However, this does not cover entirely what most of us mean by the "new" public health. The new public health is coming to mean more and more the application of social principles to problems of medicine. In its development we are beginning to hear less and less the word "public" for we are finding it increasingly difficult to say where the line should be drawn in health work between public and private health.

As this distinction fades, the concern of the medical profession as a whole and of the general practitioner in particular in the problem increases. The development of health work constantly encroaches each year upon what was formerly the exclusive territory of the practitioner.

To borrow a trite phrase from the terms of industry, increasing emphasis in health work is being placed upon physical and medical "efficiency." Physical efficiency is being required as never before, and in the attempt to deliver this physical efficiency, public health administration finds itself to-day definitely invading the precincts of medical therapy.

For many decades it has been considered the proper province of the health administrator to concern himself with all those factors bearing upon health in the mass, or with the disease transmitting powers of the individual and to curb them as best he could. But he was not supposed to initiate actual curative or corrective measures for the individual's sole benefit.

He might busy himself as to the water supply and sewerage arrangements of Johnny Smith's school, inspect and correct the school lavatory equipment, insist upon a certain degree of temperature, a certain type of seat, look Johnny over periodically for evidences of parotitis or pediculosis; if found might exclude him from school or might follow him up at home to see that he remained apart from his fellow pupils. Contrary-wise he might convict Johnny of being guilty of such physical misdemeanors as dental caries, adenoids, myopia, scoliosis or what not, but right there the line was drawn.

Under no circumstances could he either insist that the adenoids be removed or provide the expert service to do it, for those steps belonged to the field of private practice of medicine. The most significant thing about the new public health is the rapidly increasing sentiment which insists that Johnny shall be made physically fit to do his full future share in either the industrial or military forces of the country, regardless of tradition, of medical methods, of Johnny's own total indifference, of his parents' poverty, stupidity or religious convictions, or of any other causes which tend to perpetually postpone his treatment.

This sentiment that the Nation owes it to itself to see that all its citizens are physically efficient has increased by leaps and bounds in the past two years. We have not yet begun to realize how strong it is becoming nor to appreciate what far-reaching effects its logical development into a fixed national policy will have upon the future of the medical profession.

Let us say then that the most significant thing about the new, the coming public health for the medical profession, is that the new public health is refusing to stop at the old barrier, refusing to stand aside helplessly when face to face with the problem of the treatment of the individual for the benefit of the common welfare. The new public health will not only point out what should be done for the individual, but will insist that whatever is needed is done. In other words, the new public health will more and more mean socialized medicine. Its keynote will be greater medical efficiency—the constant application of preventive measures on the part of all the medical profession, rather than the application of preventive measures in the mass by a limited number of doctors, called health officials.

This means radical changes in the entire field of medicine. It means a medical revolution. I am firmly convinced that this revolution is already upon us. We are in the midst of it, but we cannot yet fully comprehend it.

The problem before the medical profession is to see how quickly it can readjust itself to this new era. We were apparently tending towards this fusion of the old conception of the public health function with that of medical practice function before the war. The increasing socializing of medicine was apparent to us all. The differences of medical opinion in regard to it were over the question of how far this socializing tendency would go. That the present methods of institutional and private medical practice were inefficient to a marked degree was recognized on all sides. Broadly speaking, and making due allowance for many striking individual and local exceptions to the rule, it was a truism that only the very rich and the very poor could obtain the maximum benefits of modern medical science in the cities, and the very rich alone, in the country.

The process, however, appeared to all of us a phenomenon of social evolution. To-day the war has laid its rude hand upon our profession as upon so many other cherished institutions of the past and has forced the pace to such an extent that I feel that I am entirely justified in stating that we are passing through a period of medical revolution. Probably the net result

of this revolution will be to a great extent the disappearance of medical practice as previously understood, the transformation of many of our practitioners into civil, salaried officials, the wiping out of many of the distinctions previously existing as to the proper fields of the health official and the private practitioner, a tremendous increase in institutional medical methods and their extension into village and rural medical practice, a great net gain in medical efficiency, an enormous extension of activity in such fields as school hygiene, industrial hygiene, and child hygiene, a standardization of hospital and institutional medical methods, a still greater medical specialization than we have yet had, and a great loss of those qualities which have so endeared the man of medicine to his patients in the past.

Medicine will become more of a science, but we will lose many of its finest traditional qualities, for we will have lost to a great degree the "art of medicine."

These are sweeping assertions. It is very possible that they may not all become verified, but before any one denies the fundamental correctness of my thesis, let him consider the facts. When we entered the war the country's medical profession numbered in all about 150,000 members. Excluding those beyond the years of medical activity and those who from one reason or another cannot be reckoned as medically available in any sense, there remained a solid residue of serviceable medical resources of approximately 110,000. Of these, 10,000 at least are women physicians, and as yet not generally classified as available for military duty.

Another 15,000 to 20,000 are already in actual military service and if the war continues for two to three years longer, at least another 25,000, possibly 40,000 medical officers must be supplied. The output of the schools does not greatly exceed the wastage by death and permanent disability in civil life. Therefore, from 33% to 50% of the available medical personnel will probably be drawn into military service. Does any one suppose that this great group after being absent from one to four years from their former lines of medical work, after being a living integral factor

in the organization representing the highest type of medical efficiency the world has ever seen, the modern Army Medical Corps, will drop back into their old niches without a ripple?

Does any one suppose that the 66% or 50% not temporarily swept into the paths of military medicine can carry on the medical burden of the country without of necessity adopting sweeping radical changes in every-day medical procedure, most of which must be steps towards socialized medicine?

The conception of free or practically free medical service for the masses, of a type that will not only furnish medical service for the acutely ill, but also medical, institutional and nursing service for the purpose of correcting physical defects, especially those of early life, thus preventing the great loss of national efficiency and productive power that the Nation now suffers from physical inefficiency and preventable illness, is abroad in the land and is rapidly gathering adherents and momentum.

It behooves us as medical men to recognize the existence and rapid growth of this ideal.

It is well to remember that the idea of universal free public schools with compulsory attendance seemed just as revolutionary to our forefathers a hundred years ago, before we dismiss the possibility of this sentiment soon being transformed into a settled national policy.

The facts that can be readily assembled to demonstrate the inefficiency of our present system of disease prevention and care are stunning in their significance, and a people engaged in a life and death struggle for the perpetuation of their national existence and ideals, a struggle that will probably call for the application of the last resources of man power, look at these facts with a deep personal interest such as fifty years of educational propaganda along similar lines in times of peace could never evoke.

Most significant of these facts, the one outstanding fact that at once betrays the shortcomings of our present system of caring for the physical needs of the nation, is the report from the Provost Marshal General's office:

"Of 2,500,000 men of draft age examined for the National Army under the Selective Service Law, 33% were found physically unfit and were rejected."

Any scheme whereby both preventive and curative medical service is proposed to be furnished by the government free, or on a low fee capitation basis, to the great bulk of our population, has certain features which are distinctly repugnant to the medical profession. One device that in practice brings about this result is sickness or health insurance. To most medical men the objections to health insurance from their own standpoint are numerous and grave. Of more serious concern to the Nation as a whole than the preferences or objections of the medical profession is the question of the economic soundness of the scheme. But there is something about the general idea of sickness insurance that appeals. The greatest appeal seems to be to have the other fellow pay for it.

A report recently issued by an organization representing a large proportion of the big employers of labor in the country says:

"To fail to apply preventive measures to such illnesses, disabilities or conditions as will almost certainly respond and instead to permit them to go uncorrected until the victim becomes a charge on society is absurd. Certainly if the state can contribute to the support of individuals after they become incapable of caring for themselves, it can contribute to prevent them from being incapacitated."

A significant point about this quotation from the standpoint of the physician is the fact that it is put forth by an organization which is economically immensely influential whose proposal is to sidetrack "health insurance" sentiment by adopting and exceeding all the proposals of the proponents of health insurance as regards the furnishing of medical service as a function of the state, while repudiating the cash benefit features of health insurance.

But in either case where does the medical profession get off at? Both the extreme advocates and extreme opponents of health insurance seem to unite on the middle ground of drafting the entire medical profession into the civil service of the govern-

ment. I bring these things before you, not to pose as an alarmist, nor as a radical, nor because in all respects I can endorse and be pleased to see these tendencies towards the socializing of medicine growing so rapidly. From many angles I believe that medicine, the public and the Nation would be better off if this tendency could be brought back to the position of even five years ago, but we are in the grip of circumstance.

The times demand desperate social remedies and measures.

The wisest thing for American medicine to do is to calmly and patriotically foresee these onrushing readjustments in our profession and to make such sacrifices of its preferences and traditions as the crisis demands.

It becomes our duty to dedicate our entire strength to the service of the Nation no matter how profoundly our future may be changed from our past, or whether our personal destiny leads us to the battlefields of France or the munition plants of Connecticut in our efforts to do our share to make the world "safe for democracy," trusting in democracy's fundamental sense of justice to keep an honorable and reasonably recompensed place for our profession however strangely altered it may emerge from the present social hurricane that sweeps the world.

DISCUSSION.

PROF. C.-E. A. WINSLOW (New Haven): Mr. President and gentlemen: I think it is a great privilege to have listened to this very clear and impressive expression by Dr. Kelley of the great change impending in public and private medicine. As he has pointed out, public health work in this country in the past concerned itself with the surroundings and gradually it is reaching out along the lines of clinics and dispensaries and sanatoria, which used to be the fields of the private practitioners.

We see it perhaps most in the history of medical school inspection. I suppose in 1894 when doctors were first sent into the schools of Boston, if anyone had suggested placing them there to remedy defects of the eyes and teeth he would have been denounced for dangerous socialism. The physicians were sent in to protect the children against each other, to detect early cases of communicable diseases. As soon, however, as the physicians got into the schools they found that communicable disease was a small problem compared with physical defects and they began to devote most of their attention to physical defects; next they found if the detection of physical defects was to be valuable these physical defects

must be cured. So they sent nurses into the homes to get the parents to secure treatment; and when they found that many of the parents were unable to secure treatment, they established school clinics to give it. I think this whole history of school inspection is likely to be repeated in connection with the disease of adult life. It was my privilege to spend last summer in Russia for the American Red Cross and I found that in Russia the historical development has been just the opposite of ours. In Russia they started fifty years ago on state medical service and only recently have those state physicians begun to do preventive public health work. They found there that the only way in which the rural population could receive any medical care was by the state giving it, and so the zemstvos, the provincial and county assemblies, established little two-bed, four-bed, six-bed hospitals all through the country with absolutely free medical service not as a charity but as a duty owed by the state. So we can in this particular learn a good deal from what has been done in the development of Russian medicine. It seems to me the logic of the case is clear. The triumphs of medicine obtained in the last twenty years have been in dealing with typhoid, tuberculosis, infant mortality, and the like, diseases where the problem was handled in a preventive way. What do we learn on the other hand from the statistics of the great group of constitutional diseases? Here there are but scanty achievements to recall, in actual vital statistical terms, in spite of the great medical advance of science. Why? Because it has been applied too late, because you don't get the chance to apply medical science until the patient is so sick that nothing more can be done about it. And that will be the case so long as the initiative rests with the patient and he has to pay for it. Prevention cannot be secured except in rare cases, if it depends on the initiative of the individual. If you are to get cases in the early stages of disease where they can be cured you must get them by some plan where there will be no immediate expense; that is, some plan where the general medical service will be paid for out of the public taxes and each particular treatment will be free. Whether that is coming through state insurance or health insurance or through the tendency to develop board of health clinics, and the like, I don't know. But in some form or other I think that tendency is bound to work itself out if medical knowledge is to be really effective.

DR. BLACK (Hartford): There is not much left to be discussed on this paper after the rare paper of Dr. Kelley and Prof. Winslow's discussion. It is very evident that the new public health is a medical problem, one which circles around the physician and of which the physician is practically the foundation. The new public health so-called is really a matter of medical prevention rather than medical cure. Medical prevention in the minds of the general practitioner and physician carries with it the thought of poor compensation. Physicians by virtue of their profession are more

or less public servants.—Public service in the past has had meagre compensation. The public has to a great extent been an object of charity as far as physicians' services were concerned. As a result, certain of their profession have been backward to undertake public duties for little or no compensation. Fortunately, the new public health with its preponderance of protective measures, the need for physicians will be fully as great as it is now, and their compensation will be as great or greater than it was in the past of curative medicine. I think the various lines of the new public health should be thoroughly considered and studied by physicians, one and all, regardless of some of the bad experiences they have had with the compensation law. I think that the new public health will all work out in the end to the great advantage of the physician and the public.

DR. MEAD (Middletown): I want to ask a word. Why should the medical profession allow the laity to lead in this matter? Why should we sit calmly by until public health legislation is forced upon us? I ask simply for information.

DR. KELLEY (Boston): Some questions are unanswerable, and I think this comes pretty near being in that category. It is pretty difficult to say why the medical profession should allow the laity to take the lead in certain angles of public health development. There are other angles in which the medical profession always has been and always will be in the lead. As to the medical profession as a group, I think we are fundamentally too conservative. I remember a man in the office with me when I used to practice on the Pacific slope reading a life of Pasteur, and as he went over the "scraps" Pasteur had with the medical society in Paris he said, "Well, for all the world in these controversies the attitude of the opposition to Pasteur's new ideas can be translated into the mental reaction of members of our own local medical society." There is always that medical deference to the way it was done in the past. Certainly we lost a great deal when we ignored the possibilities of the logical development of mental therapy and allowed Mary Baker Eddy to come in and so largely preëempt the field. Certainly we lost a great deal as a profession when we overlooked one thing that the ancient Romans and Greeks knew very well—the value of intelligent and persistent massage—and allowed the osteopath to come in and capture it. And I am very much afraid, in the words of Lloyd George we may write "Too late" again over this new crisis that comes to us. It isn't a choice of what we want to do, but when we have fifty per cent of the available personnel of America under arms as we are almost certainly going to have them in a year and a half from now unless some miracle intervenes, we have got to thin out and spread out and turn things upside down, and it would be wise if we spread out and take it into our hands and do it without having some civil administrator thrust it upon us willy-nilly.

The Federal Campaign Against Venereal Disease.

DR. C.-E. A. WINSLOW, NEW HAVEN.

(Professor of Public Health, Yale School of Medicine.)

(President, Connecticut Society of Social Hygiene.)

The greatest problems of military hygiene to-day are the problems of gonorrhea and syphilis. Surgeon-General Gorgas has said that a hundred average wounds received in battle constitute a less serious blow at the efficiency of our armed forces than a hundred cases of venereal disease.

The Federal authorities have therefore inaugurated a broadly-planned and vigorous and effective campaign against venereal infections. As outlined in the Programme of Attack on Venereal Diseases recently issued by the War Department this campaign includes first of all social measures to diminish sexual temptation, by the repression of prostitution and the liquor traffic on the one hand, and by the proper provision of proper social surroundings and recreation on the other. Through the stimulation of military and naval authorities some seventy-five segregated districts in cities near cantonments and training stations (including the famous vice district of New Orleans) have been closed up and abolished; while the positive steps taken to create a wholesome environment by the Y. M. C. A., the Y. W. C. A., the Knights of Columbus, and other organizations, working under the direction of Mr. Fosdick's Commission on Training Camp Activities, have been productive of most gratifying results.

In the second place the Army Programme includes definite provision for the education of soldiers and civilians in the principles of sex hygiene, the costliness to the army of venereal disease and the duty of the American soldier to keep himself fit for service and clean for the privilege of parenthood which is to come. I have had the privilege of taking a small part in the lecture campaign conducted along these lines by the Training Camp Commission, and can testify to the effectiveness of the

material prepared for the use of lecturers and to the response which a frank and constructive treatment of this subject will receive from these splendid audiences of a thousand or two thousand of America's young soldiers and sailors.

In the third place the army provides prophylactic treatment for men who in spite of warning have exposed themselves to the danger of venereal infection, while issuing formal notice that "there are limitations to such prophylactic measures and that they furnish only partial protection and in no sense give freedom from risk." Regimental infirmaries are open day and night as prophylactic stations and are utilized at the same time as places "for personal advice and education against future exposure." In cities through which soldiers in considerable numbers pass, either while on leave or in travel, additional facilities for prophylactic treatment are provided, either through regimental infirmaries or through accredited civil dispensaries.

Finally the best possible medical care of existing cases is assured through special dermatological and venereal clinics in cantonment hospitals. Full laboratory facilities are furnished, full and careful records kept, and every effort is made to make these services training centers for the general medical staff in the special problems of venereal disease.

So much for the programme of the Army and Navy for the control of gonorrhea and syphilis. What does the government demand of you and me, of medical men and public health workers, and of all who share the responsibility of molding public opinion and controlling community action in civil life?

It has been made abundantly clear by the experience of the past year that the ultimate roots of this evil are beyond the direct control of military authorities, deep down in the fabric of the social order in the midst of which the soldier lives. For the last twelve weeks of 1917 the annual admission rate per thousand mean strength from venereal disease was 162.4 for the National Army, 115.2 for the National Guard, and only 88.0 for the Regular Army, the men who had lived longest under the military régime. With all due allowance for the effect of previous medical supervision in the latter group it seems clear that military life reveals, rather than creates, the menace of venereal disease.

It is therefore one of our most urgent tasks in the prosecution of the war to so deal with gonorrhea and syphilis in our civilian communities that our soldiers shall not be disabled from the service to which they have been called by the attacks of insidious enemies at home. The Committee for Civilian Coöperation in Combating Venereal Diseases of the Council of National Defense estimates that there are over 20,000 syphilitics and over 100,000 cases of gonorrhea in the state of Connecticut alone. Each one of these cases is a potential menace to the strength of the armed forces, the munition workers and the food producers of the state.

On January 2, 1918, Surgeon-General Blue of the United States Public Health Service sent the following telegram to state health officials throughout the Union:

"Control venereal infections in connection prosecution of the war constitutes most important sanitary problem now confronting public health authorities of United States. Plan of control mailed you today. Request your coöperation forceful enforcement same. Venereal infections should be made reportable and quarantinable means of diagnosis and cure should be provided. Campaign wisely conducted publicity should be launched. Please inform me your action in premises."

The Government programme calls for the extension to the civilian population of the same general principles of control so successfully applied in the army itself. First of all the cases must be found, best by the plan of conditional reporting now in force in Massachusetts. Under this plan the case is reported by number and remains anonymous so long and only so long as the affected individual remains under the care of a physician. If the patient fails to report for treatment for a period of six weeks later than the time last appointed by the physician for consultation, the physician must report the name and the case falls under the jurisdiction of the State Department of Health. Secondly, the cases must be treated and this means the provision of adequate clinical facilities. In Massachusetts, which is leading all the Eastern States in the control of venereal disease, the State Department of Health is establishing fifteen approved clinics throughout the state which will not only provide treat-

ment for patients unable to pay, but will serve as centers for the distribution of arsphenamine to private physicians and as centers for expert advice and consultation in regard to venereal disease. Thirdly, the campaign against venereal disease in the civilian, as in the military, population demands the suppression of organized vice with all its incitements and temptations; and fourthly, the continuous conduct of a campaign of education tending toward a simple and wholesome concept of sex problems and a high and responsible sex ideal.

The progress that has already been made along such lines is summarized by Major William F. Snow in the April number of *Health News*, the monthly bulletin of the New York State Department of Health, as follows:

"In the extra-cantonment zones, the Public Health Service and the Red Cross are maintaining special clinics. The carrier problem, presented especially by the prostitute, is the object of attack not only by public health measures, but by vigorous legislative measures as well. In the enforcement of these measures, city, county, and town officials are taking a leading share. Governors have written to city mayors urging diligence in carrying out the enforcement programme. Mayors have communicated with their health and police departments, passing on the challenge. Commercial bodies, like Chambers of Commerce and clubs, teachers' associations, women's clubs and other social agencies, are giving patriotic response to this call to improve the civilian health. The Public Health Service is making careful epidemiological studies to obtain further information regarding cases, the means of transference of infection and possible ways of better control. At the time of this writing, health departments of thirty-eight states are coöperating with the government more or less extensively, according to their ability, in a stricter care of the neighborhoods of camps and cantonments, and also through the entire states. In thirty-three states the educational placards concerning venereal diseases, prepared by the Committee on Civilian Coöperation, are being placed in public lavatories, railway stations, etc. Twenty-six states now have laws or board of health regulations requiring the reporting of syphilis

and gonorrhea as other "dangerous, communicable diseases" are reported. Seven of these states have passed their laws since war was declared. Nine states now have special bureaus of venereal disease and others have plans for bureaus. In fully twelve states a strong educational and legislative campaign has been rapidly put under way for control and prevention as an urgent war measure."

The problem of venereal disease is perhaps the most difficult problem in the whole field of public health; but among the many and great debts we owe to the awakening that the war has brought there is none more important than the realization that we can no longer dally with this problem, we can no longer ignore its existence. We must meet it, and we must master it, if the honor and the strength of our Republic is not to suffer harm.

The Work of the Connecticut State Department of Health in the Prevention of Venereal Diseases.

DR. JOHN T. BLACK, HARTFORD.

Venereal diseases have been reportable in this state since 1915, but no special effort was made by the State Department of Health to require observance of this law. *There were two reasons for this*, first, the Department, until recently, was not in position to get in close touch with the health officer and physician, and, second, public opinion would not support great activity along these lines on the part of either the physician or the health officer.

Legislation has obviated the first difficulty by coördinating state and local health activities, and the war has so altered public opinion that the physician and health officer are now not only permitted, but expected to take active measures looking toward the control of these diseases.

It might be said, however, that *free examinations of Wassermanns and smears* have been made in the laboratory of the State Department of Health since 1913, and this service has, no doubt, aided in the control of these diseases in certain localities.

The *first real step towards systematic control* was brought about by the adoption of the Sanitary Code this year, referring particularly to Sections 37 and 38, which specifically designate the method of control of venereal diseases, and which are as follows:

REGULATION 37. THE CONTROL OF VENEREAL DISEASE.

When any physician or hospital superintendent reporting a case of gonorrhoea or syphilis agrees in writing to assume the responsibility for the proper instruction of the patient, the health officer shall supply such physician or hospital superintendent with printed instructions for such patient.

It shall be the duty of the physician or hospital superintendent who has thus signified his willingness to assume control of such patient, to report

to the local health officer on or before the first of each month a statement to the effect that such patient is or is not still under his care. When such patient neglects or refuses to follow the prescribed instructions, discontinues treatment, or is discharged as cured, the physician or superintendent shall immediately notify the health officer.

In investigating cases or suspected cases of the above mentioned diseases, the health officer shall treat all information as confidential, but such course shall not preclude the making of reports to the state department of health.

REGULATION 38. CONTROL OF CARELESS OR REFRACTORY PERSONS AFFECTED WITH VENEREAL DISEASES.

When it comes to the attention of a health officer that a person is suffering or presumably suffering from gonorrhea or syphilis in an actively contagious form and is liable to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, he shall immediately investigate and take proper measures to prevent the spread of such disease for the protection of public health, and he shall direct such person to report regularly for treatment to a licensed physician or to a public clinic, if facilities for clinical treatment are available, there to be treated until such person is free from infectious discharges. If such person refuses or fails to submit to such treatment and if, in the opinion of the health officer, such person is a menace to public health, it shall be the duty of the health officer to order the removal of such person to an isolation hospital or other proper place there to be received and kept until he shall no longer be a menace to public health.

For the convenience of the physician, report cards have been printed in duplicate, one to be forwarded to the health officer when a case is recognized, the other to be retained in the office of the physician for reference and record. These cards are of a size to fit the ordinary filing cabinet and are arranged for monthly memoranda.

Instruction leaflets for the patient, to be distributed by the physician, are being prepared and monthly report cards will be supplied to the physician by the health officer.

The whole system is arranged to inconvenience the physician as little as possible, and it is believed that with the hearty coöperation of the physicians of the state, the damage done by these destructive diseases will be greatly lessened.

Plans are about completed for the establishment of clinics in

several of the larger cities of the state where cases can be diagnosed and directed to treatment, or to provide treatment if necessary.

Serious consideration is also being given to the engaging of a state supervisor in coöperation with the federal government. The Commission on the State Farm for Women will probably provide for the segregation of a class of cases in need of intensive treatment and those reached through the medium of the courts.

It might be said that all of these activities are nearing consummation, and it is believed that with or without state assistance, all will be in operation before the end of the summer.

Venereal disease control in any of its phases cannot be carried on successfully without the *coöperation of the medical profession*, and the profession that has so well demonstrated its patriotism along other lines, we believe will not fail in this,—a most patriotic duty.

In closing, I wish to impress these facts:

First. Prompt and efficient laboratory service at the Department's Laboratory is available for all.

Second. All reports sent by physicians are held strictly confidential, so long as the physician indicates by his monthly report that the case is under his supervision.

Third. Every effort will be made to avoid free treatment and pauperism,—all cases are to be first directed to regularly practicing physicians.

Fourth. Without coöperation, we will fail.

DISCUSSION.

Papers of Professor Winslow and Doctor Black.

DR. HEPBURN (Hartford): Professor Winslow has raised in my mind a very interesting question in his reference to the prophylactic treatments after exposure to venereal disease. Does he advise the application of this army procedure to civil life? We must face this question now before it has come upon us, for if we have trained several million to expect from their Government this care during their military life, will they not have a right to expect it in some form when they have returned to civil

life? Or, if this procedure is necessary for our army population now, should it not also be necessary to our civil population now? I feel very strongly that before adopting this prophylactic policy, the success of which is still sub-judice, we must face its logical development very clearly, and ask ourselves as doctors whether we relish the thought of staying in our offices late at night in order to give these treatments. I would like to have Professor Winslow state what he thinks will be the practical development of this policy.

In regard to Dr. Black's paper, I would like to ask just how the State is going to segregate those cases of venereal disease which apparently are going to be unmanageable, in case we report them? What hospital facilities has the State Board of Health in mind at present where we can put these cases? I know we have very few hospital facilities in Hartford.

It strikes me that the code is very fine, and I am proud to see Connecticut have such a code, but I would like to know when its next step is going to be applied.

Another question comes to my mind in regard to reporting venereal diseases as if they were exactly comparable to tuberculosis. I do not think the comparison is exact. The victims of tuberculosis are usually brought by some members of their family rather than of their own volition. They have nothing to conceal from their families. Their management is much simpler, while the victims of venereal disease come alone in an effort to conceal their disability. Above all, they wish to keep the secret from their families. Their management at homes, or even at clinics, is therefore much more difficult. If we attempt to enforce these regulations rigidly, will it not have a tendency to make the venereal cases use the so-called "private prescriptions" and drugstore treatment, or go to the less conscientious physicians who will not report them, rather than go where they can get efficient treatment? Thereby we would defeat our fundamental purpose, which is to see that these cases receive good treatment. I would like to hear Dr. Black discuss that possibility.

PROF. WINSLOW (New Haven): I think Dr. Hepburn asked me a harder question than the one Dr. Mead asked Dr. Kelley. I don't know. I am content to wait and see. I think if this subject continues to develop at the rate at which it has developed in the past year that no one can tell what the state of the public mind and what the state of medical opinion will be about this problem two or three years from now.

DR. BLACK (Hartford): Regarding the care of venereal disease cases, refractory cases particularly, there is no provision, as Dr. Hepburn has said, in the state at the present time for the care of these cases. But the state commission on the farm for women is now providing quarters for women. The commission is a little bit short of money. We are after that

and going to get it in some way or other. Quarters will be provided for thirty to fifty women there within six weeks. The farm was only purchased about two weeks ago and they are working on the property already, so progress is being made along this line.

So far as the men are concerned, that isn't a matter that we have solved altogether yet. A certain number of them we think can be sent to the inebriate farm at Norwich, although I am not sure of it at the present time. I feel very confident that we are going to get some place to put them. I will say that this is the only great drawback at the present time to the entire program.

In reply to the second question, the deterring effect upon people seeking treatment because of physicians reporting, reports have been required since 1915, of venereal diseases. They have been reported, as the law requires them to be reported, the name not disclosed. The new system of reporting does not require the disclosing of the name, but it does provide for a number, and where the physician or person feels inclined, as most of them do, that even this be kept confidential, it certainly will as long as they are under the care of the physician. We feel that by this system it will help them or make them stay with the physician more than they would otherwise, because if they leave or stop treatment the physician is under obligation to report to the health officer.

This gives the health office the opportunity to endeavor to ascertain the identity of the person. Of course, the physician is at no time permitted to reveal the identity of the person by name. But the health officer, if he is any good at all, can locate the individual, if he uses the information furnished by the physician when reporting.

After the passage of the law in 1915, there were 451 cases of venereal disease in 1916. That's the first year. Last year there were 265 reported. But, as I said in my paper, there has been absolutely nothing done to remind the physicians that these diseases are reportable and the large number reported started right in after the law went into effect, and the law was circulated by the health officers and the physicians' attention called to it. But aside from this preliminary notice I think there has been very little done, except little notices which have occasionally been published in the Bulletin and which I am sorry to say all physicians do not regularly read.

Some Relations of Diet to Disease.

DR. LAFAYETTE B. MENDEL, NEW HAVEN.

(*Professor of Physiological Chemistry in Yale University.*)

The expression "malnutrition," once a favorite term to cloak our ignorance of the underlying cause of ill health by describing an obvious manifestation of it, has lost its popularity. It is gradually being replaced by more specific designations which give a nearer insight into the pathogenesis of whatever is being observed. Diabetes leads to malnutrition; so do hyperthyroidism and hypothyroidism, osteomalacia, various neuroses, and a host of other equally unrelated diseases. By "malnutrition" it is usually intended to imply the outcome of an undesirable performance on the part of the organism—possibly in ultimate analysis a defect of metabolism.

More recently the term "deficiency disease" has come into vogue. By this still somewhat loosely employed designation emphasis is placed upon pathological states of the body due to deficiencies primarily in the diet rather than in the organism. My justification for discussing the subject here lies in its comparative novelty. The most recent volume on nutrition and clinical dietetics that I have been able to consult devotes almost as much space to the diet of speakers, singers, brain workers and athletes as to the important clinical subject of deficiency diseases.

In the conventional conception of an adequate diet as it was formulated only a few years ago emphasis was placed essentially upon a sufficient content of energy and upon the presence of sufficient protein. This is well illustrated by a quotation from a popular text-book published as recently as 1905. The author wrote:

"In a healthy adult the main objects of a diet are to furnish sufficient nitrogenous and non-nitrogenous foodstuffs, salts, and water to maintain the body in equilibrium of material and of energy—that is, the diet must

furnish the material for the regeneration of tissue, and the material for the heat produced and the muscular work done. Nutritional experiments prove that this object may be accomplished by proteid food alone together with salts and water. It is doubtful, however, whether, in the case of man, such a diet could be continued for long periods without causing some nutritional disturbance, directly or indirectly. It will be remembered that a pure meat diet is not entirely proteid, since all flesh contains some fats and carbohydrates (glycogen). The functions of a diet are accomplished more easily and more economically when it is composed of proteids and fats, or proteids and carbohydrates, or, as is almost universally the case, of proteids, fats, and carbohydrates. The experience of mankind shows that such a mixed diet is most beneficial to the body and most satisfying to that valuable regulating mechanism of nutrition, the appetite. The proportions in which the proteids, fats, and carbohydrates are mixed in a diet vary greatly among different nations and individuals. So far as the fats and carbohydrates are concerned, their use is mainly that of fuel to supply energy, and from this standpoint we ought to be able to exchange them in the diet in the ratio of their heat values."

At that period the differences of opinion involved for the most part the quantities of protein and energy that are requisite. Little attention was directed to the other details. Now it is not impossible to test the efficacy of diets prepared from this standpoint. Smaller animals, such as rats and mice, serving as experimental subjects, have been placed upon rations made up of purified foodstuffs: proteins, fats, carbohydrates and inorganic salts. The outcome of feeding trials with such "synthetic diets" has almost invariably been complete nutritive failure. Studies in this field have led to the demonstration that something more than energy, something more than these long recognized foodstuffs is necessary. This something is found in many of the naturally occurring foods, but is often lost when the proximate principles are removed from them. These hitherto unrecognized and unidentified indispensable components have been termed *vitamines*.

At least two types of *vitamines* are at present believed to be essential along with the more familiar factors for perfect nutrition. One of these is found in tissues which contain active cells. It occurs in the embryonic parts of plants, in cells like the yeast,

in milk, in the egg and in many active animals cells such as glandular epithelium. Thus in the cereals this water-soluble vitamine is found in the embryo rather than the endosperm or storage parts. The other type of vitamine, the need of which is particularly conspicuous during growth, is found in certain naturally occurring fats: milk fat (cream and butter), egg yolk fat, cod liver oil, the oil of other animal glandular tissues; and it is said to occur in some of the edible green parts of plants.

The symptoms of animals kept on rations that are restricted in respect to their vitamine content suggest analogies in the domain of clinical medicine. For example, if a rat or mouse receives a diet consisting of a purified protein such as the casein from milk or the globulin from a seed along with starch, sugar, fat and a mixture of inorganic salts made up to resemble those of milk, the animal may eat the mixture for a time and be maintained or even grow somewhat; but before long there will be a cessation of growth, a decline in appetite and body weight, and ultimately death will follow unless a change is made. If such an experimental animal is given a few milligrams of brewer's yeast or wheat embryo or corn germ—quantities too small to have any significance as sources of energy—the entire sequence is changed. This cannot be a matter of flavor of the diet; for the adjuvant may be administered by itself, like a medicine, and bring this prompt restoration of appetite and nutritive well-being. Anyone who has never seen this remarkable response to what corresponds with a therapeutic dose of active cell material can scarcely realize the unique efficacy of the addition. A scrawny, lethargic animal, rapidly dwindling in size, with unsleek coat and evident malnutrition, will completely change its appearance and responses in a few days at most on a diet unchanged except for a tiny bit of yeast. What can thus be brought about with yeast can also be accomplished with other substances. Their vitamine-yielding portions are usually incorporated with nutrients so that the result is not so striking, in a quantitative way, as the simple experiment just cited. When extracted meat forms the protein basis of a ration such as has been described, nutritive failure likewise occurs; it can be

averted by addition of a small amount of glandular tissue like liver or kidney to the otherwise unchanged diet. Highly milled, that is, embryo-free, cereals are inadequate when there is no added source of water-soluble vitamine present; the unmilled grain, on the other hand, may permit good nutrition. Many of the vegetables—I may mention potatoes and cabbage from my own experience—serve as sources of this vitamine and thus make an otherwise inadequate diet adequate.

What has just been described is merely one type of vitamine deficiency. Peripheral neuritis may be one of its manifestations. If, in the ration of protein, starch, sugar, salts, fat and yeast or cereal germ, the fat is lard or some vegetable oil like olive or cottonseed oil, or fat is missing, a nutritive decline will presently ensue even when these other factors seem adequate. The body weight may fall rapidly, the eyes may show a peculiar diseased condition, and autopsy may show extensive calculi in the urinary tract. All of this can be prevented or remedied by the inclusion of butter fat, egg yolk fat or liver oil—and perhaps certain leafy vegetables—in place of part of the fat used. These adjuvants are the carriers of a fat-soluble vitamine that is evidently indispensable to the organism. Like magic a few meals of the same diet containing butter fat in place of lard or cotton seed oil will cure a xerophthalmia which no amount of antiseptic treatment would otherwise cause to disappear.

The manifestations of pellagra have been described tersely as consisting of diarrhea, dermatitis, delirium and death. Practically all of these can be induced in dogs, as experience in our laboratory has shown, by an exclusive diet of peas, meal and cotton seed oil. This is not the outcome of restricted feeding as such; for dogs can be maintained for months on an unvaried diet of meat and other foods. In the list quoted we are presumably dealing with a definite deficiency which Underhill and I are at present investigating.

A guinea pig put upon a diet which is seemingly adequate for rats may soon show signs of experimental scurvy. They can be averted by the inclusion of a few grams of cabbage in the diet. Such are some of the phenomena of the laboratory. They cannot be explained in terms of energy or the familiar nutriment.

Cattle kept on a so-called "balanced" ration derived entirely from wheat will die, whereas they thrive when corn and oats are included. There are subtle dietary combinations to be taken into account here, and modern methods of investigation have opened the way to unravel them.

Milk contains both types of vitamins. The newest experience of Osborne and myself indicates that it is not as rich in the water-soluble vitamin as many assume; hence liberal quantities must be used. This is a matter of importance in infant nutrition particularly in relation to the dilution of cow's milk or feeding. Further, there is some evidence that vitamins are transmitted from the mother to the milk, without being formed to any extent in the body. Hence the necessity of including sufficient vitamins in the diet of the mother is brought into prominence.

I cannot here unfold further the manifold possibilities which the recognition of these dietary deficiencies and their pathological manifestations has suggested. Obviously we are dealing with a new order of phenomena. With a liberal widely varied diet the danger of deficiencies in the unrecognized dietary essentials is minimized; but where wide latitude in choice is impossible, for geographic, economic, or personal reasons, i. e., wherever restrictions are enforced, the danger exists. Hence we need not be surprised to read that in the siege of Kut-al-Amara so late as 1916 beri-beri broke out among the British troops while they were on their normal ration of white wheaten flour, and it cleared up when they were obliged to share in the more coarsely milled (and doubtless germ-containing) grain of their Indian fellow-soldiers; or that xerophthalmia has lately occurred with some frequency among Scandinavian children fed upon cereals and fat-free (skimmed) milk, the disease being cured by the use of cream or cod liver oil rich in vitamin; or that war edema is a manifestation of a very one-sided diet in sorely stricken Roumania; or that scurvy (if it is indeed a deficiency disease), has become appallingly frequent in the affected districts of Russia; or that pellagra can be averted in our southern states by following Goldberger's admonitions regarding greater diversity in diet.

(The speaker then discussed briefly the occurrence and clinical aspects of beri-beri, xerophthalmia, scurvy, pellagra, war edema; urinary calculi in relation to diet; tumor growth and diet.)

The student of nutrition and dietetics finds numerous questions raised by these considerations. He inquires about the distribution and stability of the vitamins; the relation of infection to deficiency diseases; the sequences of the symptoms and their true interrelationship; more familiar deficiencies in proteins and salts, which have not been touched upon here because they are somewhat better known. My main purpose will have been accomplished if I have succeeded in leading you to evaluate more seriously the possible rôle of newly ascertained factors in a variety of clinical manifestations.

DISCUSSION.

DR. TILESTON (New Haven): Mr. President and members of the Society: Professor Mendel's work shows us what can be done by a physiologist when he directs his attention to the problems of disease. Formerly he devoted himself, almost exclusively, to the study of the normal functions, usually in animals, while the physician investigated diseased conditions only, and there was little co-operation between the two. Now, a new era has set in and great results may be expected by the collaboration of the scientist and the physician. The history of pellagra is a good illustration of this. For a great many years pellagra was known to be extremely common in northern Italy where the peasants lived almost entirely on corn meal. Owing to the bacteriological viewpoint of those days the cause was sought for in bacteria, and spoiled corn was thought to be the cause of the disease. It was really not until the disease was investigated by Goldberger in this country that much light was thrown on the cause of pellagra. This investigation by Goldberger is probably one of the finest pieces of research that has been done in this country, and the most extensive investigation of diet that has ever been performed. For a number of years he studied the dietetic habits in the little mill town of Spartanburg, N. C., and some of the adjacent villages where pellagra was very common. He studied the diet of each individual person and investigated all of the surrounding conditions. The inhabitants got most of their food from the village store and he was able in that way to find out what each family had bought; every month an inventory of the store was made to check up the results so that after a number of years he knew exactly what the diet of all the inhabit-

ants was. He found that the people who had a cow and could get fresh milk, and those that bought a sufficient quantity of fresh beef were practically immune from the disease. He was able, moreover, by altering the diet at institutions where pellagra was very common, to root out the disease. Thus he proved very conclusively that pellagra was a deficiency disease.

The vitamins were first discovered in connection with beri-beri. Two English investigators, Ferguson and Stanton, experimented with diets in a jail. They put a group of prisoners on a diet of polished rice from which the covering was removed, and the rest were used as a control and fed on the brown rice. Among those who took the polished rice, beri-beri developed and it was cured by adding brown rice to the diet. The prisoners who took the brown rice exclusively did not have beri-beri. Later it was discovered that the brown rice contained a principle which could be extracted, and this principle when added to the diet of polished rice would prevent the appearance of beri-beri, or would cure it after it had begun. The war edema that Prof. Mendel alluded to is an exceedingly interesting condition, with marked edema, chiefly of the legs, without any signs of disease of the kidneys. It has been described in Germany also among inhabitants who have had a very restricted diet with regard to fats, and it is regarded there as a fat deficiency disease. Since one of the essential vitamins is in the fat it is very likely, though not yet proved, that the condition is due to lack of vitamin. In this connection a comparison with beri-beri is interesting, because there is a "wet" type of beri-beri characterized by similar edema, but so far as I recall no cases of war edema have shown a peripheral neuritis, which is a regular characteristic of beri-beri.

Occasionally we meet with cases of infantile edema which may very likely be due to deficiency of vitamins. Such cases show a marked edema of the whole body.

Scurvy is another very interesting deficiency disease. Anyone who has watched a child with scurvy improve and get well in the course of a few days under the administration of orange juice cannot but be struck by the resemblance to Dr. Mendel's rat who received no water-soluble vitamins.

I was very much interested in the occurrence of phosphatic calculi in Prof. Mendel's rats. So far as I know in the case of calculi in man no relation has been noted to the diet of the patient, but there is a very great difference in the frequency of this disease in different localities. In India it is very common, but in China it is rare. It is possible that dietary habits might exert some influence.

I would like to say a few words in regard to the war diet and what will be the result of it. I think in regard to adults, nothing serious is to be feared. The most that will happen is that you will have carbo-

hydrate indigestion, and that is a purely functional disease and produces only discomfort. In the case of children deficiency disease is likely to arise owing to the high cost of milk and the substitution of margarin for butter. Nut margarin has no vitamine in it. Margarin made from beef does contain vitamines.

PROFESSOR MENDEL (New Haven): The question you have raised is a most timely one. The problem of canning and preservation by drying and the different conservation processes has raised the question of how stable these vitamines are. I think no one is entitled at the present time to give a final answer to this question. Butter fat can be steamed for a long period and eggs can be cooked without entire loss of their vitamine. We can boil milk, and in fact one of the sources of vitamine that we use from milk has been boiled and dried by heat to a considerable degree; and likewise brewers' yeast that we have used very efficiently. I am not prepared to say that this particular property of food is not at all alterable by heat. I think that ought to be emphasized because there is this widespread opinion that Pasteurized or boiled milk is deleterious.

As I read the literature of infantile scurvy ascribed to boiled milk and heated milk, I can draw no conclusion that is so utterly opposed to the use of milk that has been Pasteurized and boiled. I should want to survey the evidence on both sides of the subject.

We are finding at the present time in our laboratories that the use of boiled and cooked vegetables do not have the same antiscorbutic properties that those do which have not been boiled or are dried below forty-five degrees temperature.

Enlarged Thymus Gland in Childhood.

HOWARD W. BRAYTON, M.D., HARTFORD

By way of introduction, the following facts may be of value:

The thymus gland is situated in the upper part of the anterior mediastinum in close apposition to the trachea, great vessels, phrenic and pneumogastric nerves, and the heart.

Its size, in relation to the entire body, is greatest at birth, but the absolute weight of the gland steadily increases up to about the twelfth year, after which it undergoes gradual atrophy.

Very little is known concerning the function of the thymus other than that it is instrumental in the formation of lymphocytes, is complementary to many glands of internal secretion, notably the thyroid, and when totally extirpated in animals, produces fatal nutritional disturbances.

The chief clinical interest in the gland centers around its pathological enlargement during the first few years of life, particularly in infancy. Again, very little is known as to what constitutes the etiology of this pathological overgrowth, although from the fact that it is often found enlarged in rickets, syphilis, and certain toxic infections has led to the theory that its hyperplasia is an attempt to compensate for the lymphoid exhaustion of these diseases.

The symptoms of enlarged thymus may be divided into two classes, general and local. Under the former come the results of faulty endocrine function such as flabbiness of the tissues, lack of resistance to acute infection, liability to frequent convulsions, eczema, and mental retardation. Some infants never show these generalized disturbances but exhibit only the local symptoms which are referable entirely to the mechanical effect of the enlarged gland. From the fact that the thymus is situated in the upper part of a closed and rigid chest cavity, any gradual or sudden enlargement must of necessity produce pressure on the underlying vital structures. While it is universally admitted that this pressure may cause laryngeal spasm, heart shock, pul-

monary engorgement, etc., it has been denied that a structure as soft as the thymus could press upon the trachea to the extent of causing obstruction. This contention seems to be faulty, however, for in one of our cases tracheoscopy showed an inward bulging to the extent of half the lumen of the tube at a point two inches below the vocal cords.

These local symptoms of thymic pressure are almost entirely respiratory in character and vary from a slight cough, coming on at intervals of a few days or weeks, to a dyspnoea of the most profound type. The cough is often croupy and paroxysmal, worse during feeding, and is out of proportion to the clinical findings in the throat and chest. During these attacks of cough there are often a few rales at the bases of the lungs, but whether this moisture is a mild exciting cause of the cough or whether it is a congestion due to obstruction of the pulmonary veins is not always clear.

Accompanying the cough or independent of it there is usually present a certain amount of dyspnoea which is largely inspiratory in type and aggravated during feeding and in the course of acute illnesses. The respirations at these times are distinctly audible. If the dyspnoea is at all pronounced cyanosis is likewise present and may vary in degree from a transitory bluish tinge to the lips and nails to a constant extreme lividity. When the asphyxia reaches a certain point death ensues or generalized clonic convulsions come on which may terminate in either death or recovery. Not all cases of thymic death are due to obstructed respiration, however, for in a certain number of those occurring suddenly during anaesthesia and after fright there is very little dyspnoea. It is probable that in these instances pressure of the acutely congested gland causes reflex heart shock.

The diagnosis of enlarged thymus must be made both from the history and physical examination. If cough, stridor or cyanosis are present in the history it is suggestive, but when the history is negative, examination alone must suffice.

Inspection (Slide 1) often reveals a flabby, poorly muscled child with a bulging of the upper front of the chest. Some authors have described the gland as visible in the suprasternal

notch during inspiration, but even in the most extreme cases we have been unable to duplicate their findings.

Percussion (Slide 2) generally reveals an area of dullness extending either side of and continuous with the usual hyporesonance of the upper sternum. This dullness, as a rule, is more pronounced on the left, but unless very light percussion is employed the entire area will be obscured by the transmitted resonance of the underlying lung.

(Slide 3.) Often, when dyspnoea, supraclavicular and epigastric retraction are slight, they may be accentuated, or when absent may be produced, by forcibly extending the head over the edge of a table or pillow. This procedure should never be resorted to, however, in extreme cases for fear of sudden death.

A condition (Slide 4) often simulating thymic dyspnoea may be found in certain marasmic infants in whom the throat muscles are so poorly developed that an excessively long palate is allowed to drop down upon the dorsum of the tongue. This gives rise to fits of choking and coughing and at times considerable stridor.

The one diagnostic means which stands above all others and the only one which is infallible is the X-ray (Slide 5). By its use the contour of the gland may be seen normally projecting but little either side of the sternum, and continuous with the heart shadow:—compared often to the neck of a flask extending up to the clavicles. Normally the sides of the shadow are concave (Slide 6), while the enlarged gland gives an outline the sides of which are both displaced laterally and bent convexly. The left lobe of the gland is usually enlarged more than the right, which corresponds with the percussion findings. Great care must be exercised in placing the child flat on the back during the exposure for otherwise the mediastinal structures will be projected obliquely, with a resulting worthless negative.

The treatment of enlarged thymus is simple and specific:—it consists solely in radiotherapy.

Although for over a decade the X-ray had been employed to decrease the size of the gland, the method did not come into general use until about three years ago. Even then the technique of treatment varied so in the hands of different workers that

contradictory reports arose as to its efficacy. The matter was finally clearly defined in July of last year when Friedlander of Cincinnati published a series of over a hundred cases in only four of which X-ray therapy was not successful. He attributes his good results partly to his standardized method of treatment which consists in using a tube of known penetration, a constant target-skin distance, a filter of certain thickness, a definite length of exposure and repeated treatments.

Last year the writer was asked to see an infant who was suffering from extreme thymic asthma. Roentgen ray treatment was advised and the case referred to Dr. Heublein, who suggested that, owing to the severity of the symptoms, radium be substituted in the hope that its effect might be more prompt. The results of this substitution were so satisfactory that ever since radium has been used exclusively in both hospital and private cases.

(Slide 7.) The technique as formulated by Dr. Heublein is as follows: 100 millegrammes of radium element, still in its silver capsule, is wrapped in sufficient gauze so that when strapped to the chest by a strip of adhesive, it will lie a half inch from the skin surface. With a pencil dipped in ink four marks are made in the form of a rectangle over the thymic area and the nurse is instructed to allow the package of radium to remain two hours over each spot. This makes a total exposure of 800 millegramme-hours.

Judged solely from the end results, there is little choice between radium and X-ray. By both methods a cure is effected, provided the child survives the effects of thymic pressure until the radiotherapy has had opportunity to reduce the gland. As yet we have had too small a number of cases to be able to state definitely which method produces the prompter amelioration of symptoms in severe cases. It is probable, however, that the effect of radium is noticeable about twenty-four hours earlier than that of the Roentgen ray, although from the fact that control experiments are impossible this view must be taken merely as an impression. Radium does have certain advantages over the X-ray, which may be summarized as follows:—With radium

one treatment alone suffices to effect a cure, even in the severest forms of the disease; radium is portable, thus obviating the difficulty of transporting the patient, often a considerable distance, to a Roentgen laboratory; the application of radium is simple, thus eliminating the dangerous element of fear from the mind of the patient, and at the same time rendering unnecessary the use of an elaborate X-ray equipment and highly-skilled operator.

The following illustrative cases are taken from the Children's Service of Dr. Goodrich at the Hartford Hospital and from certain cases my friends have kindly allowed me to see:

Case 1. (Slide 8.) A male child of eleven months entered the hospital because of convulsions, vomiting and diarrhoea. Physical examination at entrance was not remarkable except for eczema, malnutrition and rales in the chest. Lumbar puncture was negative. A few days after admission attacks of cough accompanied by cyanosis and dyspnoea developed. X-ray showed an enlarged thymus. Before treatment could be instituted the child suddenly died as the nurse was changing its napkin.

Case 2. (Slide 9.) A male infant, six weeks old, entered the hospital as a boarder during the illness of its mother. Physical examination negative. The baby was an ideal feeding case, gaining consistently on an increasing formulae, and showing no abnormal symptoms. Four weeks after admission was found dead in its bassinette. Autopsy being refused, post-mortem X-ray negative was taken with the finding of enlarged thymus.

Case 3. (Slide 10.) A male child, seven and a half months of age, entered the hospital with a history of convulsions and cough for three months. The convulsions had occurred at intervals of about two weeks, each one lasting approximately twenty minutes. Physical examination revealed a child with cyanotic skin, stertorous breathing, and retraction of the chest during inspiration. A definite thymic dullness was demonstrable but at the left of the sternum only. This corresponded to the X-ray findings which showed an enlargement of the left lobe of the gland, with practically no change in the right lobe. The child promptly improved after the excitement of the examination had passed but nevertheless the parents were informed of the severity of the condition and arrangements were made to apply radium the next day. Early the next morning the infant suddenly died in the arms of the nurse, before an interne could be summoned.

Case 4. (Slide 11.) Male, 14 months of age, with a history of eczema, weakness and convulsions since birth. On close questioning these convulsive seizures were found to consist of the following sequence of events:—

sudden asphyxia, cyanosis, retraction of the neck, general clonic contractions, syncope and exhaustion. Examination showed a flabby, eczematous child with bulging of the upper chest and well defined (Slide 12) thymic dullness, particularly to the left. X-ray corroborated these findings. (Slide 13.) Radium was applied. (Slide 14.) One week later the child was in much better general condition, having had no respiratory symptoms, and the skiagram showed a marked diminution in the size of the gland.

Case 5. (Slide 15.) Female, seven and a half months old, who had always breathed "as though she had a cold." For three months there had been an increasing frequency of general clonic convulsions. Dysphagia was present to a marked degree, the child choking, vomiting, and becoming cyanotic at each feeding. Again, examination showed retraction of the chest, cyanosis and stertorous breathing. X-ray confirmed the percussion findings of thymic enlargement and radium was applied. Within twenty-four hours there was marked improvement and at the end of a week the infant was practically well except for the fact that respiration was slightly more audible than normal. (Slide 16.) Another skiagram at the end of three weeks showed a radical change in the appearance of the gland.

Case 6. (Slide 17.) A female of eleven months who presented much the same symptoms as the preceding case, though to a much milder degree. The Roentgen plates before treatment with radium and one week after (Slide 18) demonstrate well the rapid effect of radiotherapy.

Case 7. (Slide 19.) This male infant, twelve pounds in weight, was seen one hour after birth. The labor had been easy but with the first cry the obstetrician had noticed that the child's breathing was decidedly abnormal. The patient presented the most unusual appearance; the skin, nails and lips were intensely cyanotic and the inspiratory stridor was distinctly audible in the adjoining room, while the epigastric retraction was equal to that accompanying the severest forms of laryngeal diphtheria. Percussion and X-ray both detected the presence of a thymus filling nearly one-half the chest cavity, while inspection, palpation and X-ray all revealed the presence of an enormous thyroid occupying the entire front of the neck as far back as the lobes of the ears. Radium was applied the following day and within 48 hours the baby showed decided improvement which continued until, at the end of a week, he was nearly normal in appearance. It was interesting to note that the thyroid disappeared coincidentally with the shrinkage of the thymus. Repeated X-ray plates showed a steady diminution in the size of the gland shadow. (Slide 20.) Two months after discharge from the hospital the gland was again skiagraphed, this time showing an approximately normal outline.

From these illustrative cases it will be seen how varied are the symptoms of thymic enlargement. The severer types, which are comparatively rare, are easy of diagnosis, but the milder forms of

the disease, which go to make up the great majority, are readily overlooked.

Over half of our series of thirty-one cases have occurred during the past year. This is not coincidence, but is to be explained solely by the fact that the proper diagnosis in many cases have been missed. The more one sees of this condition the more careful he is to look for it in each new patient. Every infant who has inexplicable convulsions, who has "queer spells," who has habitual attacks of coughing, choking, rattling respirations, or blueness should have an X-ray of its chest in the hope of finding a condition which is so easily and satisfactorily cured.

DISCUSSION.

DR. LINDE (New Haven): The subject just presented is a most important one and Dr. Brayton is to be congratulated for presenting it in such an excellent manner. The results which he and Dr. Heublein have obtained with radium in this condition are really remarkable and to say the least, most encouraging.

In considering the subject of enlarged thymus gland in children we must remember that except for primary enlargement of the gland which may either be tuberculous, specific or neoplastic, the enlargement is usually the major pathological condition of status lymphaticus. There are certain things in the symptomology of the disease which I think should be emphasized.

The fact that there are two general types of symptoms, the first convulsive, the cause of which the Doctor has pointed out to be general in character, and the local symptoms, which are usually respiratory. These symptoms are dyspnoea, which may either be continuous or intermittent.

The continuous type is the common one in young infants, the respiratory difficulty in this type leading to suffocation and intense cyanosis. Dyspnoea continues between the suffocative attacks.

In the intermittent form the child is usually quite normal between attacks. Stridor is a most important symptom and while every case of stridor in young infants is not necessarily due to thymic enlargement it should make us suspicious.

Briefly from our twenty-four cases of this condition we can say the following:

All the usual types have been represented.

The majority of our cases have been Italian.

Stridor has been present in all cases, and frequently has drawn our attention to the condition.

Holding the breath as described by many mothers, especially when associated with cyanosis and exhaustion, may be due to enlarged thymus. Two of my cases came with this complaint.

Spasmophilia is frequently associated with status lymphaticus and is probably part of the general condition. Chvosteck's sign and Trousseau's sign are present. This is usually associated with the convulsive type of the disease.

In many cases rickets was present to a more or less degree.

The association of congenital cystic thyroid and enlarged thymus was found in one of our very recent cases. This case was first seen through the courtesy of Prof. Slemons. The condition was noted immediately after birth. There was a large thyroid and a thymus extending down to the second rib and well into the right chest. This case has since been referred to the Welfare Station. The thyroid and the thymus are rapidly growing smaller without specific treatment of any sort. This is evidently not a rare condition as Clarke and Farmer recently reported a similar case and to-day Dr. Brayton has also reported one.

Two of our cases presenting persistent thymus were mentally retarded.

Persistent thymus may occasionally be mistaken for laryngeal diphtheria, especially the intermittent dyspnoeic type. The character of the breathing and the retraction are most similar. Physical examination, however, will show the enlarged thymus. We had a case of this type and it was necessary to do tracheotomy, but without success. Post-mortem examination showed an acute congestion of an already tremendously enlarged thymus. Death took place sixteen hours after the onset of the symptoms.

The diagnosis is most easily and positively made by the X-ray.

X-ray, or as shown to-day by Dr. Brayton, radium is the ideal treatment for the disease.

In three recent cases exposure to the ultra violet ray has reduced the size of the gland and has reduced the severity of the symptoms.

I would like to thank Dr. Brayton for his paper and for bringing the subject before this society.

DR. BLUMER (New Haven): Mr. Chairman, if it is permissible I should like to say a few words about enlarged thymus in adults because I feel that this is a subject neglected even more than enlarged thymus in infants. In connection with the studies of the Vienna School the whole question was brought before us many years ago, and for some reason the profession has not taken cognizance of its importance.

It often is possible by physical examination and without the use of X-rays to detect the presence of status thymicus in a patient. These

patients present certain peculiarities in secondary sexual development. In the case of the male there is generally a very sparse distribution of hair. The hair of the beard is often extremely sparse; there is a lack of hair on the chest and on the body generally, and the pubic hair is usually of the female type; instead of tapering up toward the umbilicus in the form of a triangle it is cut sharp across right above the pubes. These patients also are rather gracefully built. Many of them show a distinct outward bowing of the thighs and a fair number of them have rather small testicles and a small tapering glans penis—so it is possible to recognize them even without the use of the X-ray.

The importance of the recognition of these cases lies in the bearing which status lymphaticus has in certain diseases. Emerson of New York particularly has called attention to the fact that a great many drug habitués belong to this type, even alcoholic habitués, and particularly he points out that the drug habitués that they see in such large numbers at Bellevue Hospital are very frequently subjects of this status lymphaticus.

The second clinical bearing these cases have is that they withstand infectious diseases very much more poorly than normal individuals, and particularly certain infectious diseases such as diphtheria and meningitis. In those diseases the prognosis is very much more grave in them than it is in the ordinary individual.

In the third place I think the relation of the enlarged thymus to exophthalmic goiter needs to be emphasized more than it has been, because cases of hyperthyroidism with enlarged thymus present a much graver prognosis than the cases of Graves' disease. If you will look through White's article in the *Quarterly Journal* on the prognosis of hyperthyroidism in which he details a considerable number of autopsies, you will be surprised to find that a large proportion of those fatal cases showed a considerable enlargement of the thymus gland, and a number of those cases of hyperthyroidism with intense digestive disorders, and extreme toxemias, are cases that have shown by X-ray evidences an enlargement of the thymus gland. So even though it does not exactly bear on the question of thymus enlargement in infancy, I take the liberty of calling attention to the importance of it in adult life.

DR. E. H. ARNOLD (New Haven): Since Dr. Blumer has drawn attention to the changes in the skeleton I might invite it to the fact that mild case of this type that persist for some time will undoubtedly furnish one of the causes of deformities of the chest. These deformities are noticed in the young men now coming for examination for military service and have some bearing upon their fitness for service.

In the case of young women these deformities represent, besides their influence on health, a great cosmetic blemish. I refer to funnel and

chicken breast. If the thymus is slightly enlarged and acts as a valve it will hinder respiration and you will get malformation of the thorax. If it hinders inspiration you will get a cumulative minus pressure in the thorax as compared with outer atmospheric pressure. The greater outside pressure will push the thorax in at the points of least resistance, i. e. at the site of the costal cartilages and you will get a funnel breast. Conversely where the thymus hinders expiration you will get a progressive plus pressure in the thorax which will make the thorax bulge in the same place, chicken breast resulting.

These deformities come to the orthopedist when the child is becoming a youth and when it is much too late to do anything for them. These deformities can and should be prevented. Greater care, then, should be taken of the condition treated of in this paper in infancy to remove one possible and probable cause of the deformity.

DR. OSBORNE (New Haven): I would like to emphasize what Dr. Blumer says in regard to the thymus in relation to hyperthyroidism. It has not been shown that thymus feeding can do any real harm unless the dose is very large. Why the thymus so many times is enlarged when the thyroid is enlarged and hypersecreting, we do not know, but it may be that it tries to overcome some of the toxic effects of the thyroid. At any rate, using Radium or X-ray to diminish the size of the thymus in hyperthyroidism has, in my experience, done no good to that condition. Also, many times I have found that in hyperthyroidism feeding thymus has seemed to aid in combination with other proper treatment in the reduction of the toxemia and in the reduction of the hypersecretion. Now, just what this gland does has not been shown. A child seems to require this gland and at puberty he is through with it, and the other glands take up its work, notably the increased activity of the thyroid and possibly other glands, but the greatest difference between the child and the adult is his bone growth. Therefore, it has been thought that this gland, which is rich in nucleins and phosphorous radicals, and possibly in calcium, has to do with the bone growth as well as has the thyroid and the pituitary glands. We must recognize that the rapidity with which this gland when it is enlarged becomes normal under radium and X-ray, probably shows that it is simply normal hypertrophy. Surely it is not a tumor or pathologic growth.

Certainly the whole story is exceedingly interesting and we are all very grateful to the writer of the paper for presenting the subject to us.

DR. BRAYTON (Hartford): I wish to thank Dr. Linde for leading the discussion. Dr. Linde has done pioneer work in the treatment of this condition in Connecticut.

Our knowledge of the intricate subject of internal gland function is

still in its infancy. We do know, however, that there is a close relationship between the thyroid and the thymus. This is shown by the fact that certain cases of hyperthyroidism which do not improve after thyroidectomy are helped by removal of a portion of the thymus. The last case I reported also suggests this inter-relation of the two glands: in this infant the thymus and thyroid were both enormously enlarged and both shrunk synchronously after radium treatment.

Only recently has experimental work on excision of the thymus been of value, for the early workers apparently failed to completely remove all gland substance. When totally extirpated, fatal nutritional disturbance invariably follows.

The question of thymus function in adults and especially its relation to secondary sex characteristics I did not touch upon and do not feel qualified to discuss.

Laws Governing the Commitment of the Insane. The Importance of Early Hospital Treatment for Manic-Depressive Cases.

WHITEFIELD N. THOMPSON, M.D., HARTFORD.

The laws governing the commitment of the insane were revised and amended at the 1917 session of the Legislature, with the result that the operations through which a person mentally ill may reach hospital care and treatment were very much simplified. My purpose in presenting a review of these laws is to call the attention of members of the Society to their more liberal provision, to the end that patients may be brought more promptly under hospital care.

Some of you have heard an able psychiatrist, a member of this Society, say that the worst place in which to attempt the care of an insane person is the home. No one can gainsay this, for it means the employment of drugs, the attention of nurses not skilled in the care of mental cases, and the ready expression of sympathy on the part of the family, all of which are bad, when not actually pernicious. Heretofore when question has existed as to whether or not a patient's condition warranted commitment, the committing authorities have had no option but to await the development of symptoms marking the case as unmistakably insane. This period has not infrequently been spent under most unfavorable conditions for the patient, as in an almshouse, a lock-up, or jail. Consider, if you please, the situation of a person sick in body and mind, unable to think, feel or judge normally, out of harmony with his environment, in need of nursing and medical attention, shut away to await the break of the storm. Such a situation ought never to be tolerated except in an extreme emergency. The laws designed to protect the patient's interests have had the effect to permit the opening of hospital doors only by a court order. The patient's rights have been duly protected while his chief interests have been sorely

neglected. In the case of persons whose situation is such as to make it possible for them to procure the services of a psychiatrist, advice may be had and treatment instituted, but it is quite otherwise with those less favorably placed financially.

An Act permitting patients to be received on voluntary application has been in force for several years, but it was so indefinite in its terms as to interfere with the results that were evidently sought to be attained. However, the intent of the law now in force is quite plain. It reads: "Any asylum may receive for observation and treatment any person who, in writing, requests to be received; but no such person shall be confined in any such asylum for more than ten days, after he has given notice in writing of his desire to leave, without commitment from some court of competent jurisdiction." There is practically no restriction. The provision permitting any person to make application for treatment will have the effect ultimately to change the public attitude toward institutions for the insane, to bring patients under care more promptly, and to increase very greatly the usefulness of institutions.

An emergency commitment of scarcely less importance was also enacted. "Any person who has suddenly become in need of care and treatment in a hospital for the insane may be confined in any asylum for the insane, either public or private, for not more than ten days without order of any court. At the time of delivery of such person to said asylum there shall be left in the hands of the superintendent thereof an application as hereinbefore provided and a certificate signed and sworn to by some reputable physician not more than three days prior thereto, stating that, after a personal examination made not more than three days prior to the date of such certificate, he is of the opinion that the person therein named is in need of such treatment, and the reasons therefor; but if further treatment is required the person in charge of such asylum shall cause commitment proceedings to be instituted forthwith." This ought to save the necessity in any case of ever placing an insane person in a lock-up or jail. It ought also to save the necessity of keeping a patient guarded under any conditions, and filled with

sedative or narcotic drugs—a procedure that is most pernicious, especially in the early days of cases marked by confusion. There are complications on the score of the matter of support of indigent and pauper cases that have stood in the way of permitting a patient unable to meet the cost to have hospital care promptly, and these cannot be entirely relieved until full State care is provided. An entering wedge has been made in this direction, and it must be only a question of a short time when Connecticut will do away with the present town system.

With reference, now, to formal commitment of an indigent person alleged to be insane, "When an indigent person not a pauper is alleged to be insane, application may be made by any person in his behalf to the court of probate for the district wherein he resides and said court shall appoint two physicians of recognized standing and a selectman of the town wherein such indigent person is alleged to reside, who shall fully investigate the facts and report to said court; and such selectman shall include in his report a full statement of the facts relating to the residence of such alleged insane person and his estimate of the value of such insane person's estate and of the pecuniary responsibility of the person or persons legally liable for his support so far as he can ascertain the same. If the court of probate, upon consideration of the report of such physicians and such selectman, shall find that such person is indigent and insane and is a resident of any town within its jurisdiction, it may order such person to be taken to one of the state hospitals for the insane, where he shall be kept and supported as long as may be requisite. The judge making the order of commitment shall state therein the town of which he finds such indigent person to be a resident and the amount of his estate so reported to the court as aforesaid, and the name, address and relationship to the insane person of any person legally liable for his support. All proceedings of the court of probate, upon application made under the preceding sections, shall be in writing and lodged on file in said court, and whenever a court shall pass an order for the admission of any pauper or indigent person to any state hospital for the insane it shall record the same and give a certified copy of said order and

of the reports of the physicians and selectman to the person by whom such pauper or indigent person is to be taken to the hospital as the warrant for such taking and commitment, and shall also forthwith transmit a like copy to the governor. All orders of commitment and commitment papers issued in committing insane persons to public or private hospitals for the insane shall be in accordance with a form prescribed by the attorney general, which form shall be uniform throughout the state. For all such commitments the comptroller shall cause suitable blanks, in accordance with said form, to be printed and furnished at the expense of the state. State hospitals and other hospitals for the insane shall, in so far as they are able, upon reasonable request of any officer of a court having the power of commitment, send properly trained attendants or nurses to attend any hearing concerning the commitment of any insane person, and such an attendant or nurse, when present, shall be designated by the court as the authority to serve such commitment process as may be issued under the provisions of this act; and the actual expense of such commitment shall be taxed by the court and paid as are the other costs in such proceedings."

The removal from home of certain types of the insane, particularly those deluded and maniacal, is often accomplished with difficulty, especially when the attendants are police officers or constables who have not had experience. The provision noted above permitting state hospitals and other hospitals for the insane to send properly trained attendants or nurses to be present at any hearing concerning the commitment of an insane person may be expected to go far toward relieving the use of restraint or unnecessary force. It is a more or less common thing to have patients brought in manacled, but such a proceeding is rarely if ever necessary. Certain it is if steps were taken looking to hospital care before the patient's disease had developed to the point where reason and judgment were in abeyance, objection on the part of the patient would be the exception rather than the rule.

One of the greatest obstacles at the present time in the way of getting hospital care promptly, is the feeling general in the

public mind concerning the State hospitals, and this has as its basis an aversion due to the accumulation of chronic cases, and in some measure also, to the feeling created by paranoidal types of cases, from whom emanate false reports and adverse criticism. These cases are often clear in consciousness and consecutive in the details of their grievances, though very insane; they are restless and uneasy, and their discontent is contagious; it seeps through the community and creates some degree of distrust—enough, so that when the question of employment of State hospital care is raised in a family there is very likely to be objection, ill-defined but nevertheless positive.

Formal commitment is looked upon as stigma and also stands in the way. Unless the patient exhibits marked maniacal tendencies and is plainly dangerous, or is actively suicidal, or in some other way by his reaction shows the existence of a psychosis, the family or friends protest against commitment. The result is that very valuable time is wasted before hospital care is sought. It is not conceivable that this situation could obtain in any other sort of illness. It should not, it need not, with the insane. There will always be a fairly large percentage of cases that suffer from such a degree of mental alienation that commitment will be necessary for the protection of all concerned, but it is most desirable on every account that this procedure be limited as nearly as possible to those cases in which it is actually required.

What is now needed above anything else in this State for the care of developing, incipient, or early psychoses, are facilities that shall appeal to the public and be as readily acceptable as is the care of general hospitals to those only physically ill. It must be recognized that substituting the name "hospital" for "asylum," "nurse" for "attendant," and raising standards of care, will not accomplish this. There must be some more or less independent arrangement where there shall be no accumulation of disturbed or incurable cases. Thus far, two methods of care have been developed. One, in the psychopathic hospital, more or less independent and somewhat removed from the State hospital, and yet under the management of the hospital staff; and the other

in wards connected with the general hospital. The most successful under this latter plan has been the Pavilion "F" at the Albany General Hospital. These wards have been in continuous operation since 1902, and they have served a most useful purpose in a somewhat limited way, but the plan has not been looked upon with favor by hospital boards generally. The introduction of insane persons into the general hospital atmosphere has been frowned upon by physicians and surgeons, mainly on the ground of the handicap to other classes of sick patients. Here crops out the old notions and feelings concerning the insane. Their rights as sick persons are disregarded. The success of Pavilion F at Albany Hospital has been due, in no small measure, to the efforts of Dr. Mosher, who has given himself unsparingly to the work. It is conceivable that the same plan could be carried out in connection with other general hospitals, but two things are absolutely essential to success. First, the coöperation of the hospital authorities, and their willingness to devote as much attention in the way of nursing service, providing baths, etc., as they would give to the operating room or any branch of the general activities. Second, there should be a continuous medical service by competent psychiatrists. A decided advantage of this plan is to give opportunity for hospital interns to observe mental cases. The independent psychopathic hospital, organized for and giving its entire efforts to mental cases, is far more promising than special wards in general hospitals. There should be at least two in this State. We would be happy and more or less lucky to have one, even, but some place there certainly should be where there can be no accumulation of chronic cases; a hospital where patients and patients' friends would recognize that every attention was given to the promotion of the patient's recovery, and where they would not come at all in contact with the so-called chronic class. Patients going to such a hospital need not be committed. In a great number of cases they would come voluntarily, or under some such slight compulsion as to be in fact voluntary patients, and, if need be, might be sent in under the emergency act mentioned above. The unwillingness of patients and their friends to accept hospital treatment would, under these

conditions, be minimized. Not a little would be accomplished in weeding out of the community border-line cases of the paranoid type that frequently become offenders against the law before their condition is understood and commitment had. Through the psychopathic hospital and the Mental Hygiene Society, mental clinics could be extended of the kind now conducted in Hartford and New Haven. Here patients are seeking advice and treatment while continuing with their work. Most practical and effective results have been reached in giving aid to cases that have difficulty in meeting their environment and in keeping up their adjustment in their vocations. This is the stage when the patient still has some understanding of his condition and is willing and able to coöperate.

Through the agencies of the psychopathic hospital, families and friends may be advised concerning the severity of a patient's illness, the best course to be pursued, and the probable outcome. Through such advice situations that are working adversely for the patient may be remedied or avoided. Another very great service that would be a proper function of the psychopathic hospital would be in advising the various charity organizations and those who have to do with juveniles, particularly the courts and probation officers. Not all delinquents are subnormal, but delinquency, inefficiency and dependency are in a great measure attributable to backwardness or more serious mental defect.

It should be taken into account that insanity is not of itself a disease, but rather evidence of organic or functional disturbance, and its onset, while apparently sudden, is more often than not preceded, for months and even years, by some more or less marked deviation mentally. The first stages of a large percentage of all cases of manic-depressive insanity, and a very considerable percentage of dementia praecox cases are marked by symptoms of general nervous exhaustion. There is insomnia, irritability, restlessness, such emotional disturbance as exaltation or depression, disordered bodily sensations, disturbances of memory, and later, developing delusions, and, in toxic cases, hallucinations and even delirium. It is a more or less common thing for the general practitioner to encounter cases that have

run into a feeling of inadequacy and inability to cope with their accustomed vocations, and these patients constitute no mean problem. They require a disproportionate amount of time and care. They greatly tax the families. If, unfortunately, means permit, the patient is sent to travel, and an already jaded nervous system, unfitted to meet any environment, is set out under new exactions, and the patient returns with the second stage worse than the first. If the illness is marked by exaltation, restraint on the part of the family is met with an increasing irritability, and with drugs, to the patient's further detriment. What a relief it would be to the physician, and what a benefit to the patient, if, in this early period, proper hospital care were available; and this care briefly means, packs, continuous baths, massage, feeding, and attentive nursing. It is not to be expected that the course of all manic-depressive cases would be favorably altered, but many would be abbreviated. A certain number of cases that tend to pursue an unfavorable course would, if brought under early care, recover. And on the whole, I think we may safely say that with our present laws and with hospital care of the proper kind, economies would be effected to the State in lessening the burden of the chronic insane.

DISCUSSION.

DR. HAVILAND (Middletown): Mr. President and members of the Association: It would seem Dr. Thompson's paper is of very timely importance because of our present war emergency. The relation of mental disease to military activities has been emphasized by the work of the Neuropsychiatric Units of the United States Army, which as you are doubtless aware, is the first army ever organized in the history of the world which has possessed neuropsychiatric units to deal with the problem of mental disease and defect in its military aspect. Never before has psychiatry assumed so important a place in army medical work, a fact which is fraught with special significance to us who are still engaged in the performance of civil duties. If psychiatry has an important rôle in war work, it is obvious it is of no less importance in the maintenance of a sound and efficient social organization, which is the basis upon which all military work rests. It is of startling significance, indicating the prevalence of mental disease and defect throughout our communities, to learn

that in not a single camp or cantonment in the country have the rejections for abnormal mental conditions fallen below two per cent and in most camps have averaged 2.5 per cent of all rejections. The importance of excluding such persons from military service is shown by the experience of the Canadian army. I am informed that approximately one-seventh of all the Canadian soldiers discharged for disability are discharged because of nervous and mental disease, and if those disabled by wounds be excluded, one-third are discharged for nervous and mental causes.

It is to be expected the work of the Neuropsychiatric Units in the United States Army, resulting in the rejection of so many potential shell shock cases, will materially reduce the number of such patients in our military hospitals. But the knowledge thus gained, showing such a relatively large number of potential nervous and mental cases in our communities, which have heretofore remained unrecognized, places a special obligation upon us as physicians who are still directly concerned with civil duties. Therefore, it seems pertinent we should consider the situation here in our own State of Connecticut as regards the existing provisions for meeting and adequately dealing with the tremendous problem of mental disease,—a problem which is constantly increasing in medical and economic importance, but which is all too often insufficiently appreciated.

Our laws in Connecticut have been built up in a piece-meal fashion during the past years by amendments added from year to year, as special needs have seemed to require. The laws regarding the insane have been built up in the same fashion as other laws. It, therefore, cannot be said our statutes regarding the mentally diseased and defective have ever been carefully considered with regard to the whole problem. We lack a well defined and comprehensive legal structure, covering the matter. We lack a definitely determined policy which can be followed from year to year. In general, many of our laws appear to be mere makeshifts to meet special conditions. It is, of course, obvious that the problem of mental disease presents a medico-legal aspect, implying as it does the loss of liberty and restraint in institutions of many patients against their will. Hence the medical profession should use its influence with the legal profession to bring about such enactments as will emphasize the medical aspects of the subject, the emphasis having for many years been placed almost exclusively upon the legal aspect.

As Dr. Thompson has told us, certain amendments to our statutes regarding the insane were enacted at the last session of the General Assembly, and a definite advance has been made in the matter. Dr. Thompson has mentioned the provision for a uniform commitment blank to be used for all cases throughout the state. The advantage of uniformity is obvious, but the main advantage of the new form is that it calls for as many of the essential medical facts as can be readily secured by the

medical examiners. Formerly, many patients coming to the state hospitals were committed with little or no history, and in many instances it was only with the greatest difficulty information could be obtained regarding the patient's normal life. It is, of course, necessary to have some knowledge of a patient's original personality and normal mode of reaction to determine the character and extent of the mental deviation which has brought about commitment. An unfortunate feature of the new commitment is that it does not render the use of the uniform commitment mandatory in criminal cases. In city courts and criminal courts a case can still be sent to an institution on a court order alone, without accompanying medical history. It is in just such cases the greatest difficulty is experienced in obtaining the medical facts, and it is, therefore, to be hoped that eventually a medical certificate will be required in such cases.

The only criticism I have heard regarding the new uniform commitment blank is that some physicians do not like it because it calls for joint signatures to a single examination. While doubtless there is occasionally some difficulty in making an engagement so the two medical examiners can examine a patient at the same time, yet a joint examination has a distinct advantage. In the commitment of any mental case, the medical examiners have to assume a certain amount of legal responsibility. From time to time there will evidently be cases committed who will make the most absurd accusations against the examiners, suits for improper commitment being not infrequently brought. A joint examination minimizes such risk, as collusion must then be charged in addition to any charge of improper motive or action. The joint examination furthermore implies consultation on the part of two examiners, and it would, therefore, seem that the advantages of a joint examination outweighed the disadvantage.

Dr. Thompson mentioned the new legal provision, whereby state hospitals can now send trained nurses and attendants for new patients, when notified by the court that a hearing is to be held at which the question of commitment is to be considered. Unfortunately, as yet no advantage has been taken of such provision, the courts having failed to notify the hospitals. The matter has not been urged upon their attention, as the hospitals are experiencing great difficulty in maintaining an adequate service, owing to the shortage of help, but when the hospital force increases so that the added duties will not work a hardship, the matter will be brought to the attention of the various probate courts.

While the new amendment regarding voluntary admissions to institutions constitutes an advance, in that the former archaic provision is abolished which restricted voluntary admissions to patients "whose mental condition was such as to render it illegal to commit them as insane," the new law still fails to adequately cover the situation. It is still necessary for a voluntary patient, regardless of need of treatment, to possess sufficient money to pay the entire cost of maintenance. There is no provision

whatever for a patient who voluntarily seeks treatment, but who lacks funds, as with our present divided system of support no town will assume any part of the burden of maintenance of such a patient. It means that the mental case who lacks funds cannot receive treatment until the disease has progressed to such a point as to render the mental disease obvious to the lay mind. If possessed of money, the beginning mental case can receive treatment in our public institutions. Without money, the beginning mental case must progress until the period when treatment is most effective has passed before our present public provisions render assistance possible. It is a distinction based on the possession of money, and it is not creditable to the humanitarian instincts of any community. The only cure for the present condition is complete state care of the insane. When the state assumes the whole cost of maintenance of the insane throughout the state, individual towns will fail to have any other interest in the matter than to secure the admission of patients at as early a period in the course of the disease as is possible. Local financial interest will be eliminated, and need of treatment will become the paramount issue.

Another great lack in Connecticut is the failure of any of our general hospitals to provide psychopathic wards for the care and treatment of patients pending commitment or removal to either a private or public hospital for the insane. Psychopathic wards are feared by the managements of most general hospitals, evidently because they erroneously believe such wards are an upsetting factor in the general hospital work. Where psychopathic wards have been established, the results do not justify such a fear. As a matter of fact, at Johns Hopkins Hospital in Baltimore, it is said more disturbance results from the children's ward than from the psychopathic ward. There is tremendous need for such wards in this state, for without them acute mental cases will perforce continue to be sent to almshouses and jails, with the deleterious results with which we are all familiar. There now exists an opportunity for some Connecticut general hospital to become the pioneer in this state in this important matter.

While it is perhaps too much to hope for in the near future, one or more psychopathic hospitals would fill a definite need for which now no provision is made, and which is little appreciated. Our Connecticut communities cannot differ greatly from those of Massachusetts, and assuming such to be the case, the experience of the Boston Psychopathic Hospital demonstrates the existing need for such institutions. At that hospital, twenty-five percent of the cases treated are so-called "border line" nervous and mental cases, the majority, of course, suffering from some form of the psychoneuroses. Approximately twenty-five per cent of all the patients there treated are not in a mental condition to warrant their commitment, but they are in no less need, but rather more in need of active medical treatment. Such cases cannot be properly treated at

home, yet in this state no other place is available. There is great need of one or more psychopathic hospitals, which need will be increased when nervous and mental cases are returned to us from the army. But if we cannot reasonably expect to secure psychopathic hospitals in the immediate future, let us try as a profession to influence the boards of managers of the various general hospitals to secure at as early a date as possible a number of psychopathic wards, where the acute mental and nervous case may receive treatment, which will inevitably result in a relatively less number of commitments to the state hospitals.

DR. BRODSKY (Westport): I wish to compliment Dr. Thompson for his paper. The points brought up there together with Dr. Haviland's remarks are very important, especially now when we are at war. The war will bring a large percentage of nervous and mental cases. I do not have any criticism to offer except to emphasize once more the need of psychopathic wards in view of a large number of the so-called symptomatic mental cases, the importance of which is not recognized by the general practitioners and also some psychiatrists. Imagine a patient in a confusional state as result of uremia is locked up in a cell at the police headquarters for three or four days until he could be placed in some institution for mental diseases. I recall also a case with septic endocarditis with aphasia who was rejected from a general hospital because of his delirious condition; this patient was carried from one place to another for twenty-four hours before arrangements could be made for his care in a private sanitarium for mental diseases. These facts emphasize the necessity of establishing psychopathic wards in this state.

DR. THOMPSON (Hartford): I think it is fairly a safe prediction that in a few years Dr. Haviland will have a psychopathic hospital under state care.

Life Insurance—Some Points of Medical Interest.

ROBERT L. ROWLEY, M.D., HARTFORD.

In the United States there are probably about 145,000 physicians. Not all of these are engaged in private practice. Many have retired from practice; others are engaged in research work, or in teaching; and still others devote themselves to work which is largely administrative or executive in character.

It has been rather conservatively estimated that at least 35 per cent of the physicians in this country make some examinations for life insurance.

Many physicians make but few examinations; others depend upon this work for a large part of their income.

With the above estimate as a basis, it appears that there are about 350 members of the Connecticut State Medical Society who make some examinations for life insurance. To those members a paper on the topic that has been chosen should be of particular interest and to the others it can be assumed, I believe, to be of at least academic interest.

When your Programme Committee honored me with an invitation to present a paper on the subject of life insurance I concluded that, in the short time at our disposal in this meeting, I could best engage your interest by means of some charts that show the effects upon the prospects of life that may be attributed to certain physical impairments.

May we consider for a moment the development of the idea of insurance, more particularly insurance on lives, and the relationship of the medical profession to the business of life insurance?

The simplest and most general conception of insurance is a provision made by a group of persons, each singly in danger of some loss the incidence of which cannot be foreseen, that when such loss shall occur to any one of them it shall be distributed over the whole group. Its essential elements, therefore, are

foresight and coöperation; the former the special distinction of civilized man; the latter the means of social progress.

But foresight is possible only in the degree in which the consequences of conduct are assured; that is, it depends on an ascertained regularity in the forces of nature and the order of society. To the savage, life is a lottery. The impulses of the gambler are dominated by his hopes and fears. As nature is studied and subdued, and as society is developed, the element of chance is slowly eliminated from life.

In a progressive society, education, science, invention, the arts of production, with regular government and civil order, steadily work together to narrow the realm of chance and extend that of foresight.

But there remains an event that may disturb all anticipations, and in spite of man's best wisdom and effort may deprive him of the fruits of his labor,—that event is premature death.

A useful life has an economical value; but no skill can make certain its continuance to its normal close. In the reasonable expectation that it will last until a competence is gained or the family ceases to be dependent, young men marry; but some will die too soon; and in the aggregate multitudes are left destitute.

The idea of insurance begins when the liability to loss is recognized as common, and provision is made beforehand to meet it from a common fund. The efficient organization of communities or groups for this purpose is an essentially modern achievement of social science. But the history of the conception in its formative stages is extremely obscure.

The earliest insurances on lives were purely gambling ventures, entered into by small groups of individuals. There were no available records of births and deaths nor of the ages at death and, consequently, no mortality tables by which the probable length of life at given ages could be foretold. The principles of insurance, as exemplified in marine insurance and in fire insurance, had become a distinct part of the common stock of thought in enlightened nations, and no doubt this fact served as a stimulus for the studies along scientific lines that led to the construction of our earliest mortality tables in the latter part of the 17th century.

Following close upon this work and in the early part of the 18th century, there were formed in England some fifty life insurance projects, none of which, however, proved to have any lasting merit. Not until 1762, with the formation in London of the Society for Equitable Assurance on Lives and Survivorships, did life insurance become established upon a sound and permanent basis. The "Old Equitable," as it is sometimes called, is still flourishing, though in a modest way.

Candidates for membership in the insurance associations were required to appear before a board of laymen and were put through a sort of cross examination as to health, habits, etc. In the Saxon Guilds it is recorded that candidates were required to be holy, pious and good. In one of the Societies provision was made that any applicant, when required by the trustees, should produce a certificate of his age and also an affidavit that he had not any known distemper upon him, and that he was in a very good state of health.

Any person of the clergy or laity "excepting such as live in the marshy and unhealthy parts of England" might be admitted by proxy if known to the trustees as a person of good report; also if not above 50 years of age and would furnish a certificate signed by the ministers of three neighboring parishes, testifying that they did believe him to be in health and of such age as he declared himself to be.

From testimony such as this it becomes apparent that in the earlier days the physician was not identified with this business. The contract between the individual and the company was regarded in the light of any other contract between two parties, not necessitating the interference of skilled evidence.

But as time passed and the nature of the business and the conditions affecting its successful conduct became better understood, it was found that neither party was in a position to value the data upon which the contract was to be based unless the state of health of the applicant and the various contingencies bearing upon his prospects of life were duly estimated. Consequently the physician was destined to become an essential aid in the furtherance of the business of life insurance.

In the records of the Old Equitable of London it will be found that in 1779 a suggestion was made to the Board of Directors that a medical man be appointed to assist them in the selection of new members.

That this suggestion was not adopted until many years later was perhaps due to the unusual period of prosperity of the company, resulting from its rapid growth and favorable mortality and also the rise in value of investments. It appears that the employment of medical examiners in the field began about 1820, and not until some years later was it customary to have at the Home Office a medical officer or adviser.

Although the necessity of a medical scrutiny into the value of all lives submitted for insurance had become an acknowledged fact, the manner in which the inquiry was conducted varied in the different offices and the examination was for the most part cursory in nature.

The phenomenal growth and development of life insurance in this country began about the middle of the 19th century with the formation of some of the strongest and best known companies of the present time.

In all of the American companies formed in that period and subsequently, selection of risks through the aid of medical examiners was practiced from the outset.

In the early days a few printed questions, with certificate of friend, agent, family physician and examiner formed the application.

With the growth and refinement of the business of life insurance, there came a need for a better mortality, and in consequence the requirements have been gradually increased, in keeping with the advancements in medical science, and the application blanks have been made to contain more searching questions as to personal health record and family history, and the physical examination of the applicant has become more elaborate than formerly.

In this connection it is of interest to refer briefly to two matters that are of comparatively recent adoption in the examination of applicants for life insurance; namely examination of urine and examination of blood pressure.

While recognized as of great importance to-day, the practice of examining the urine of applicants for life insurance was not generally adopted until about thirty years ago.

At first an examination of urine was asked for only in those cases with a history of some urinary disturbance, or where the examiner thought such a test would be advisable.

Later it was asked for regularly if the applicant was aged 50 or more and also if the amount of insurance sought was above a certain figure. Still later both the age requirement and the amount of insurance requirement were reduced and it was only a matter of a few years when a chemical analysis of urine became a part of every examination for life insurance.

Report on blood pressure in life insurance is to-day passing through an analogous process of evolution. It is well known to most of you that within the past few years nearly all of the companies have begun to require report of blood pressure in the older applicants or when the amount of insurance sought has been relatively large. More recently some few of the companies have required that it be furnished in every case. It seems altogether probable that within a few years it will be required by all companies and in all cases, just as chemical examination of urine is now required in all cases.

Although the experience with blood pressure in life insurance is still comparatively limited, both as to the number of exposures and the period of exposure, there can be no doubt from the studies of the results that have been thus far obtained, that the test is one of very great value in the examination of lives for insurance.

The early recognition and adoption of this test by the life insurance companies, with the resultant educational effect upon thousands of physicians, has afforded a contribution to the progress of general medicine that is far-reaching in its importance.

Within the past few years a joint committee representing the Actuarial Society and the Medical Directors' Association of America has completed a statistical investigation of gigantic proportions, in which was included a study of the influence of various medical impairments. No investigation of equal size and importance has ever been previously undertaken, and the results should be of interest to those who are engaged in the general field of

medicine, as well as to those who are specializing in insurance medicine.

The data for this investigation, contributed by about forty life insurance companies, comprised male lives that had been accepted for insurance as standard risks in the issues of January of odd years and July of even years, from 1885 to 1908 inclusive.

I have had charts constructed which will show clearly the mortality experience in a few of the classes.

It will be easier to understand the meaning of the charts if one will have in mind that the results here shown exhibit the variations in actual mortality from the "expected mortality," calculated by the Medico-Actuarial table, the "expected mortality" being represented in percentages by the figure 100.

In any group of lives of known ages the number of deaths to be expected each year can be learned from actuarial tables. Let us suppose a group in which the expected number of deaths will be 10 and in which the actual number of deaths is 15; or another group in which expected deaths are 50 and actual 75 or again a group in which the expected deaths are 200 and the actual number of deaths 300. In each of these supposed groups the ratio of actual to expected deaths is 150 per cent. This illustration will make clearer just what the charts represent.

The first chart shows the results in cases with a history of pleurisy, other than purulent.

When the pleurisy occurred within five years of application, the relative mortality in the first five policy years was higher than in the succeeding policy years, and was also higher at the younger than at the older years of entry. The reason for this, as you will see in a moment, is because of the large number of deaths from tuberculosis.

Reference will be made to the standard or normal mortality from particular causes of death.

Standards were prepared from the records of about half a million lives. By means of these standards the full extent of variation from the normal in the mortality from any particular cause may be shown.

To illustrate, let us suppose a group of 1,000 standard lives, in which the number of deaths each year from tuberculosis has

been found to be 10. Compare that with a group of the same number of lives with a history of some medical impairment, such as a recent history of pleurisy, in which group the number of deaths from tuberculosis will be 30 instead of 10 as in the first instance.

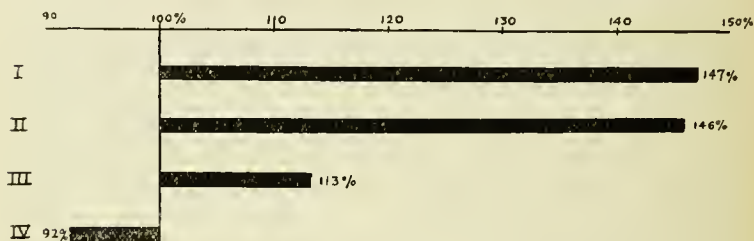
We have, then, a group in which the number of deaths from a given cause, tuberculosis, is three times the normal or standard number of deaths from that cause.

Referring again to the pleurisy cases, it was found in those accepted within five years of the attack, that the mortality from tuberculosis of the lungs was three times the normal. When pleurisy occurred between five and ten years prior to application, the death rate from tuberculosis was twice the standard, while it was normal when the attack occurred ten or more years prior to application.

PLEURISY, OTHER THAN PURULENT.

DATE OF ATTACK PRIOR TO APPLICATION.

- I Within two years.
- II Two to five years.
- III Five to ten years.
- IV Ten years or more.



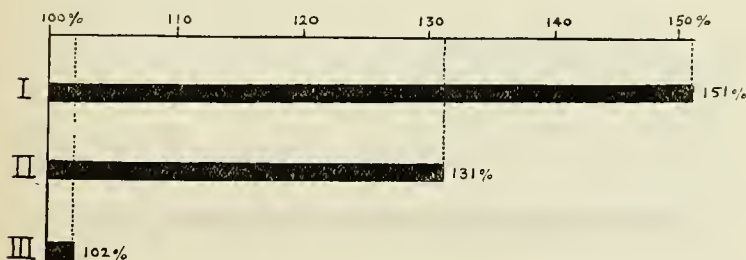
	Cases	Years
I	4,070	23,216
II	4,524	26,666
III	5,322	33,648
IV	9,378	60,277
Total	23,294	143,807

When the pleurisy occurred within five years of application, the relative mortality in the first five policy years was higher than in the succeeding policy years and was also distinctly higher at the younger than at the older years at entry. The death rate from tuberculosis of the lungs was three times the normal. When pleurisy occurred between five and ten years prior to application the death rate from tuberculosis was twice the standard, while it was normal when the attack occurred at least ten years prior to application.

BLOOD-SPITTING—WITHOUT A DISTINCT HISTORY OF TUBERCULOSIS.

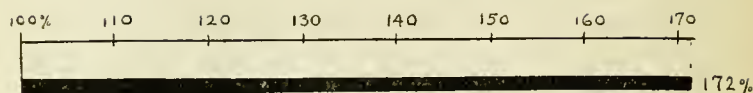
DATE PRIOR TO APPLICATION.

- I One attack within five years.
- II One attack between five and ten years.
- III One or more attacks the last ten years +.



The deaths from tuberculosis of lungs in Group 1 were fully five times the normal, in Group 2 about three times the normal, and in Group 3 nearly twice the normal. The foregoing results are consistent but it is not likely that a group of members some of which had one or more attacks of blood spitting at least ten years prior to application would show the same mortality as a group of the same ages and free from this impairment. To secure such a result the former must have been much more carefully selected. There are indications that the mortality is relatively much higher at the younger than at the older ages of entry.

PULSE RATE 90 TO 100.
AT TIME OF ACCEPTANCE.



The death rate from heart disease and pneumonia, and especially from tuberculosis of the lungs, was distinctly above the standard.

RHEUMATISM—ACUTE ARTICULAR.

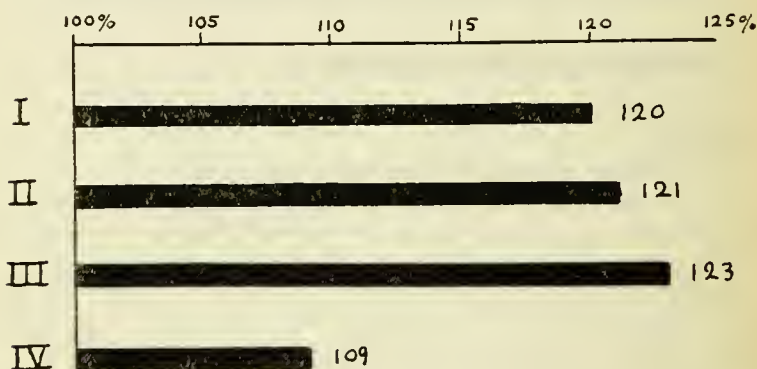
DATE OF ATTACK PRIOR TO APPLICATION.

One Attack.

- I Within two years.
- II Two to five years.

Two Attacks.

- III Last one within two years.
- IV Last one two to five years.

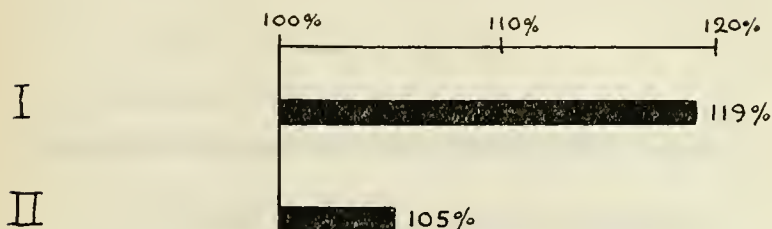


The death rate from organic disease of the heart in this class was markedly above the normal, especially at the younger ages at entry, where it was three times the standard.

NERVOUS EXHAUSTION.

DURATION OF ILLNESS AT LEAST ONE MONTH—DATE OF ATTACK
PRIOR TO APPLICATION.

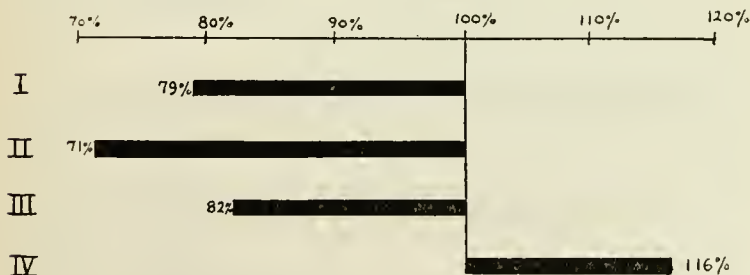
- I Within two years.
- II Two to five years.



The death rate from suicide and heart disease was appreciably higher than the standard.

OTORRHOEA.

- I At time of examination.
- II One attack within two years.
- III One attack between two and five years.
- IV Two or more attacks, the last within two years of application.



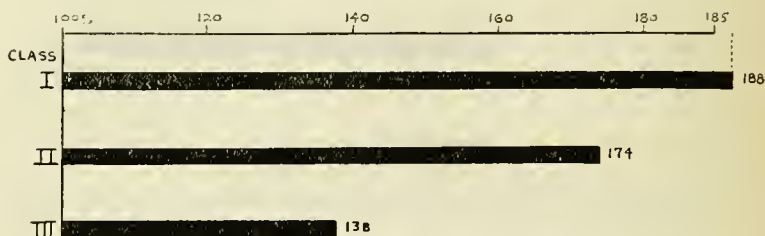
The influence of medical selection in pulling the mortality down considerably below the expected, is well shown in this group. No doubt the cases were mostly mild ones to have given such a favorable result; otherwise, one might imagine otorrhoea to be a desirable asset.

Another point that appears to be shown is that a history of recurrent attacks is followed, in spite of a rigid medical selection, by a mortality above the expected.

SYPHILIS.

	<i>Diagnosis</i>	<i>Treatment</i>
I	Sure	Thorough
II	Sure	Not thorough
III	Doubtful	None

MORTALITY EXPERIENCE.



This chart shows the material arranged in three classes:

Class One, with the diagnosis certain; thoroughly treated,—meaning two years of continuous treatment, and one year's freedom from symptoms thereafter.

Class Two, with the diagnosis certain; not thoroughly treated, or no details of treatment given.

Class Three, with the diagnosis doubtful; probably little or no treatment.

These cases of syphilis were insured long before the spirochaeta pallidae were discovered and before the modern ideas of treatment were introduced.

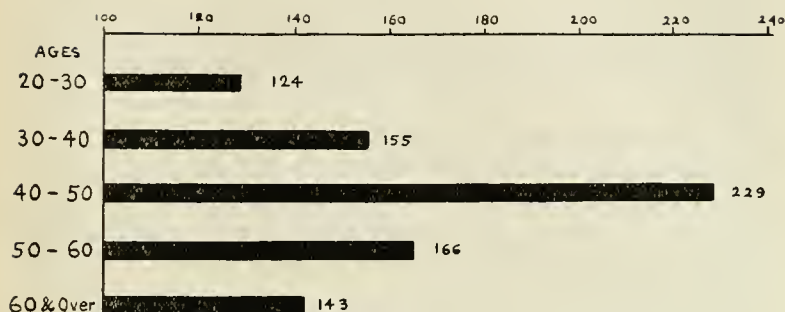
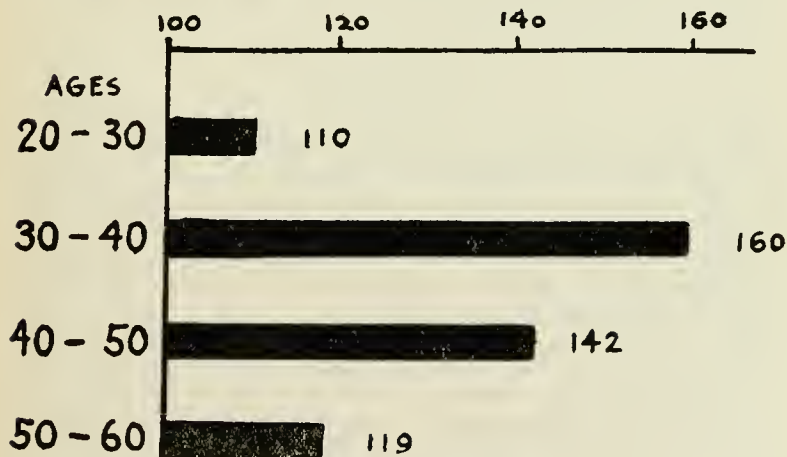
It seems reasonable to suppose that the attitude of the Companies toward those cases that had not undergone so-called "thorough treatment" was much more critical and severe than it was toward those who had been thoroughly treated. The latter were probably more freely accepted for insurance.

This illustrates again the influence of selection in shaping the results.

In the third class the extra mortality was most surely due to the presence of a considerable number of cases of syphilis, as there was no other known factor that could have so influenced the mortality.

SYPHILIS.

MORTALITY BY AGE GROUPS—ATTAINED AGES.

Surely.*Doubtful.*

In this chart the material is arranged in two groups; namely, those cases in which the diagnosis was certain, and those in which it was doubtful (without the aid of laboratory tests).

The material in each of these groups is arranged so as to show the mortality in different decades of ages.

In the second group—diagnosis doubtful—it is pretty certain

that the mortality can be accounted for only by a considerable number of cases without clinical symptoms that would be recognized as positive cases of syphilis with present-day diagnostic aids.

In the first group the greatest mortality occurred in the age period from 40 to 50; in the second group in the age period from 30 to 40.

The fact that the greatest mortality in the first group was deferred to a decade later may be due to the influence of treatment, for it is certain that in the first group the cases had much more treatment than those in the second group. In the second group—diagnosis doubtful—it can safely be assumed that the cases had little or no treatment.

“In the syphilis cases the death rate from pneumonia, diabetes, and suicide was much higher than normal. From locomotor ataxia, softening of the brain, and paralysis combined, the death rate was five times the normal.”

DISCUSSION.

DR. ROOT (Hartford): Gentlemen, the facts brought out by Dr. Rowley in his paper and illustrated by his charts are hardly discussible because he has figures covering experience of life insurance underwriters for a period of twenty-five years. All that can be discussed in this meeting is the significance of those charts. Of course, my experience, as a life underwriter, coincides exactly with his and the experience of the Aetna Life is practically identical with the experience derived from the study of the medico-actuarial table illustrated by Dr. Rowley.

There is one point, however, which I think is discussible and opens up a very interesting field for speculation, viz., the influence of immunity in tuberculosis. Now years ago, consumption or tuberculosis was regarded as a family inheritance and the majority of life insurance companies turned down applicants without discussion. I remember well in my early days in insurance work elaborate classifications were made of a father and one brother, and a mother or a sister or both, and more than one death within a certain period led to the declination of the risk. Experience led us to believe that was hardly a fair way to treat them, and the discovery of Koch, the discovery that it was an infection, led us to change our views. Then, too, the study of mortality from tuberculosis among insured lives showed a decrease with which we are all familiar, viz., the last twenty years now there has been a steady decrease in

mortality from tuberculosis. What is the reason? Study Dr. Rowley's charts again. Five years after the appearance of pleurisy shows a mortality of thirty per cent above the normal average. Five years after blood spitting shows a high average mortality. But if you compare those mortality readings, as we have done in the Aetna, with other groups, the figures show a material modification. That is to say, cases taken between twenty-five and thirty-five show a mortality as Dr. Rowley has indicated. Cases between forty-five and fifty-five showing their previous history of pleurisy at five or ten years intervals show a very much better mortality. In other words, the history of pleurisy at twenty-five and forty-five years of age shows a marked difference.

Then, too, I began to notice that in many of our deaths claims of risks insured in the late sixty's, seventy's and eighty's, we found many instances. I collected a large number of extremely bad family histories from tuberculosis. Why they were taken, I don't know, for I was fully aware of my predecessor, Dr. Russell's opinions. But it was perfectly obvious that many men taken with a history of tuberculosis after forty or forty-five years of age turned out to be pretty good risks. Summing up all these considerations, it seemed to me fairly obvious that the older an individual grew the less liable he was to tuberculosis, and the older he grew the more you could count on his immunity. And acting on that principle, for the last ten years we have been very much more lenient in taking those cases than we were prior to that. I have gone a step further in that—I regret that I haven't figures with me that I could show you, but I haven't had time to prepare the chart—but the last five years we have been accepting cases forty-five years of age and over who showed a distinct history of pulmonary tuberculosis at least ten years prior. We have accepted cases as standard lives that ten years prior had blood spitting, fever, and a diagnosis of tuberculosis was made, and some of them had been to a sanitarium, but had lived ten years since with normal health; and so far our mortality has no increase over the average of that class. In other words, I think it is a fair inference that mankind civilized and living under normal average conditions is exposed to tuberculosis from the cradle to the grave; that as he lives and as he survives, and because he survives, he develops a gradually increasing immunity to the disease and by the time he is forty or forty-five years of age from a life insurance statistical point of view life underwriters are warranted in assuming that, other things being equal if his general habits and weight are normal and if his digestion is up to the normal average, that they are justified in assuming that he, at that age, possesses an immunity that will protect him as a class against tuberculosis as a special factor in mortality.

DR. BLUMER (New Haven): I was particularly interested in the chart regarding syphilis and I would like to ask Dr. Rowley to tell us some-

thing about these cases, particularly the causes of death. Of course, they were not put down in the mortality table as syphilis. Perhaps Dr. Rowley has run across the very interesting figures published a number of years ago by the Gotha Insurance Co., a company which accepted syphilitics as risks provided they had been under treatment a certain length of time and provided they had been free from symptoms a certain length of time. They published the figures after forty years' experience and while I don't recall the figures, yet in the main they substantiated what Dr. Rowley showed. That is, the actual mortality was much higher than the expected mortality. Some of the reasons and explanations were very interesting. A great many of them died of carcinoma and neoplasm. Many of them died from diseases of the heart and blood vessels, and so on; and a very much larger percentage of them committed suicide than ordinary risks. I would just like to hear if Dr. Rowley can elaborate on their experience.

DR. OSBORNE (New Haven): I would like to ask questions of both Dr. Rowley and Dr. Root in regard to blood pressure. It seems to me for insurance purposes that it is only fair to take the systolic with the finger and the diastolic with the stethoscope. If the systolic is taken alone with the stethoscope, it is likely to be too high. The diastolic (with the stethoscope of course) shows pretty well what the condition of the applicant is. With the systolic by the finger and the diastolic by the stethoscope the most accurate decision can be made of the actual blood pressure.

DR. ROOT (Hartford): In answering Dr. Osborne's suggestion, of course, we have to consider, as Dr. Rowley says, the ability of some remote sections of the United States to provide scientific information. I recall one case in which an examination was made in a rather remote hamlet in Georgia and the examiner recorded in regard to the blood pressure "Perfectly normal, 1020 the same as urine."

DR. ROWLEY (Hartford): Dr. Root's comment reminds me of a report we received a few days ago from a town in Indiana. The examiner reported the systolic pressure as 124 and the diastolic 126.

I thought I had put in the causes of death in the cases of syphilis, but I see I left it out of my paper. As I remember it, there was a remarkably high percentage of deaths due to pneumonia, suicide and heart disease. Experience of the Gotha Insurance Co. that Dr. Blumer referred to, I don't recall just what the figures were, but I remember different classes ranging from about 137 per cent of expected up to about 160 or 170 per cent of expected mortality, different classes showing a mortality ranging all the way between those two figures.

I think Dr. Osborne's comment in regard to blood pressure is opportune. The Companies more and more are appreciating the importance of diastolic pressure and are asking for report of it in the larger centres of population where there is likelihood of being able to get results that are dependable. So far as I know, no Company has as yet made it a universal requirement, because so many of the physicians in the smaller places where they don't seem to use the blood pressure instrument so often as the men do in the larger centres, appear to get a little confused about its use, and it has been our experience, and I know it is the experience of other offices, that results are so obviously wide of the mark that they are not of great value. That happens not always, by any means, but often enough to make Companies hesitate at present about making it a universal requirement to have the diastolic pressure reported. The auscultatory method is obviously the more accurate and more to be depended upon than the method of palpation.

I want to thank Dr. Root and the others for their valuable contributions to the discussion.

The Physician's Part in the War.*

Major F. F. SIMPSON, M. R. C.

(Chief of Medical Section Council of National Defense.)

Mr. President, ladies and gentlemen: I esteem greatly the privilege of speaking to an audience of this kind, an audience composed of persons of such sterling worth, such mental force and such judicial temperament. Conservative by tradition and training, your people are not easily carried away by impulse and enthusiasm. It takes sterner stuff to move such men. Just as you are slow to anger but mighty in your wrath, so are you deliberate about entering upon a new and great enterprise, but you are determined to be in at the victorious finish.

Rated on a basis of percentage, Connecticut stands twenty-eighth among the states in respect of the contributions the medical profession has made to the reserve corps of the army. We are mindful of the fact, however, that you have sent men of high quality. We are mindful of the imperishable deeds that are being enacted in France to-day by the brave men of this state. We know of the great war industries in your midst which are vital to the striking force of the nation, to the force which will determine victory. We know the needs of that industry; we know that it must not suffer from physical needs. Yet the call from the nation requires that there must be some pinching. We must feel the fact that we are in war. The time has come for a little more effective sifting and the picking out of men from communities that may not think they can spare them. Of course, the larger communities are the ones which must yield a higher percentage of their doctors because the men in the larger communities with shorter distances can care for a much larger number of patients than those in the rural districts. Because of the new need I am here to present to you a very

* Not all the figures given in this paper are accepted by the Connecticut State Medical Society as correct.—EDITOR.

brief message, a message from the Federal Government. Of the 1,678 doctors in your state, 260 have been recommended for commissions in the Medical Reserve Corps. If this state does its full part, and we are confident that it will, you will contribute approximately 100 more men to the Medical Reserve Corps of the army before the first day of July. You will contribute approximately 25 men to the navy by that time. Then we must all remember that that is only a start.

With added increment of fighting men still other doctors must come. Keep this in mind hourly. We are just entering upon a death struggle with a resourceful nation which is relentless in the use of all the fiendish methods which can be devised by science and by Satan. A word in review: you have followed current events with keen interest, you know of the shameless intrigue and deception which caused the Russian Empire to crumble and fall and threatened the morale of the Italians. You know of the repeated rumors of peace designed to check the transformation of this nation, and especially in its industries, from a peace to a war footing. That is the meaning of the rumor that comes from the central nations by every cable every day. You know of the rumors of intrigue in the German and Austrian Army, of mutiny in their Navy, of riot and starvation among their people—all designed for the purpose of leading us to underestimate the strength of the enemy. You have seen the masterful stand of our war-weary allies on the western front. You have heard and have not doubted the words of Premier Lloyd George who stated recently that it is impossible to overestimate the importance of getting reinforcements across the Atlantic in the shortest possible space of time. Such men in such times as these do not use words lightly or idly.

Your hearts were gladdened when you saw the statement that the President, himself, had given peremptory orders that all things should be focused upon getting American soldiers to France speedily. With bated breath you are to-day watching the wavering lines on the western front. Your hearts are filled with admiration and with gratitude for the men who for four years have fought your battles and have checked the mad onrush

of the Huns. (Applause.) But you did not realize the full significance of your personal obligation in this matter until the terrific force of the present drive forced from the lips of Sir Douglas Haig these terrible words, this tragic appeal: "Words fail me to express the admiration which I feel for the splendid resistance offered by all ranks of our army under the most trying circumstances. Many amongst us now are tired." Think of it, after four years; that mild expression. "To those I would say that victory will belong to the side which holds out the longest. The French Army is moving rapidly and in great force to our support." And he says "With our backs to the wall and believing in the justice of our cause each one of us must fight to the end. The safety of our homes and the freedom of mankind depend alike upon the conduct of each one of us in this critical moment." What does that mean to this nation? It means that we, too, are in the fight to the finish. It means, as the President has set forth, force without limit until autocracy and intrigue are crushed. It means that in order to win we must be prepared to strike a harder blow than the enemy, to strike it first, but above all things to strike it last.

You know that some months ago the Secretary of War made a statement before the Senate Committee that by the coming year we will have a million and a half men in France. Since that time the drive has come. Since that time the movement of troops has been speeded up. We are informed that the Secretary recently appealed to Congress to give troops without limit save for the need of the hour. You know that prudence of the most primitive type dictates that for every man that goes to France at least one, and possibly more, must enter training to take his place. Even that meagre caution would mean three million men under arms by the close of this year. And who among us believe for a moment that this great nation at the beginning of this great struggle will think for a moment of providing for so small a number? But what does that mean in terms of medical officers? You know that the peace needs of the army are for 7,000 medical officers per million men. You know that the war need sanctioned by the Secretary are 10,000 medical officers per million men.

You know that the strength of the army up to the present time has been approximately one million seven hundred thousand. You know that new increments have brought that to two million approximately. At 10,000 per million, that means 20,000 officers needed for the actual care of troops. The question naturally arises, if 22,000 men have volunteered and been recommended for service in the army, why is the Surgeon General now calling for 5,000 additional officers? The answer is this: Of the 22,000 who have been recommended for the reserve corps, some have not accepted their commissions, some who have accepted their commissions and have been put through the essential training of military life have been found physically incapable of performing the duties required. Some, a few, have not been found temperamentally suited to the duties they are expected to perform. Some are now in the service of our allies. Some, a very considerable number, are now serving as interns in civilian hospitals. Some are in training in the Medical Officers' training camps. It is highly desirable that the Surgeon General have sufficient number in reserve so that every man entering the service may be privileged to take training in a medical officers' training camp. There is a vast difference, a difference more marked than most of us realize, between the highly successful physician of civilian life and the medical officer of the army. The training for his own personal good, the physical training, the knowledge of essential facts that would never occur to the ordinary civilian, yet rudimental and fundamental for the medical officer,—there are many of those things which are to be learned. We sometimes hear men say that if they could only go to France to-morrow they would enlist to-day. The need is such that I advise any man who would put that to the test to be ready to go to France very quickly if he should telegraph to the Surgeon General to-day that he wants immediate service. Men will go there much more quickly than you think they will. Add to this long list of men who are not available for service this rule: there is no man in medicine in the world more convinced, and rightly so, of the merits of specialization and of the needs of specialization than the Surgeon General of the United States Army. There is no

man more desirous of using men to the best effect than is the Surgeon General of the Army. Witness the transformation of his own office; originally with three divisions now with twenty-two. Witness the splendid way in which men are being disposed all over the country despite the fact that the classification has been a rapid one, of necessity. If the Surgeon General is to be permitted to give you gentlemen the kind of work that you want to do, the kind of work that you are best fitted to do, it is essential that he must have always a considerable surplus to draw upon for every need and every emergency. It is just as essential in the proper conduct of an army that he have such a reserve as it is that your bank have a cash reserve. You all know what would happen if at the close of business to-day the cash reserve was perilously low or if the vaults were empty. It can't be done in finance; it can't be done in the medical department of the army.

After making deduction from the 22,000, the Surgeon General, and he is a man who knows, says that his immediate need is for 5,000 additional officers in the medical corps. Of that number don't forget that your state is asked to furnish 100 by the first of July. The time is short, just six weeks. We have complete confidence that they will come. Add to that the fact that the Surgeon General of the Navy needs 1,000 officers at once. Your rate, 20 to 25.

What of the future? The pinching is going further. It means apparently that we must have a minimum of three million men under arms before the first of the year. That means very many more volunteers for the medical service. It means that as every new increment is added still other doctors must volunteer. It means that many thousands who cannot go to-day must deliberately set about putting their affairs in order so that when the calls come a few months hence, and still others later, they will then be in a position to go.

Thus you see, gentlemen, where the medical profession of the nation, and you, have a serious and growing task. Upon that task all medical men must work diligently, for this is grim business and we must meet it with grim determination.

In conclusion I appeal to you and everyone in this presence to take this message as a personal matter. If you can, volunteer without delay. If you cannot, then see to it that someone else does. Remember this, that in all the balance of your lives if you fail to heed the nation's call when she is in grave danger, the days will not be long enough for you to explain to your conscience, to your own children and friends and family and patients, why you remained at home. The nation needs you. The nation confidently expects you to respond. (Applause.)

PAPERS READ AT SEMI-
ANNUAL MEETING.

Early Syphilis as a Public Health Problem.

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This paper is not to be a statistical homily. Neither shall the significance of syphilis to the public be exaggerated nor minimized. The disease, however, is a social threat, the import of which should never be permitted to sink into the background. The human race must constantly be aroused to self-defense against a foe which can be curbed, although at present not exterminated. If there were such a thing possible as premarital asceticism, if monogamy were a fact instead of a delusion, there would be no syphilis. Man, however, is as he is, and neither the sermon of the sex moralist, the raving of prudes, nor the sober warnings of those competent to warn, will suddenly alter a custom which tradition has covertly condoned, however greatly indulgence is fraught with danger. Young men will continue to desert the lecture hall of the hygienist for the brothel, and Metschnikoff's makeshift salve will remain a substitute for rational prophylaxis, so long as human nature remains essentially polygamous and polyandrous. Sexual derelictions have been accepted as among the lesser vices and they become a source of repentance only in retrospect when their unfortunate victims labor upon the long, nay even endless road to recovery. Society, though, suffers under a burden directly proportionate to the number so afflicted. Since it is impossible for society to eliminate syphilis, it must face the practical problem of lessening its terrors.

Syphilis, tuberculosis and cancer are humanity's greatest hygienic problems. Of these, syphilis is by no means the least. Tuberculosis is largely a matter of environment, and when society sets a value upon human health at least equal to that of

a stock dividend, so that poverty is not necessarily squalor and filth, tuberculosis will take its place with bubonic plague and variola as a historic disease. Cancer is still nowhere near solution, but unlike tuberculosis and syphilis, it is a condition that at least respects youth and does not strike at humanity during the years of maximum physical and mental effort, or during the years of reproduction, nor is it transmissible. Syphilis, on the other hand, preys upon man during the second and third of his three score and ten and is the result of impulses accepted as uncontrollable.

There are somewhere between ten and twenty million syphilitics in the United States. If only one per cent of these develop central nervous involvement, there will be one hundred and fifty thousand so afflicted, and this estimate is probably two or three times too low. Nearly all aortic insufficiency and aortic aneurisms originate in syphilis. The number of these cases cannot be estimated, nor can it be calculated how many patients suffering with arteriosclerosis, angina pectoris, chronic nephritis, or cirrhosis of the liver owe their diseases to specific origin. Possibly there are two million such cases, or one fiftieth of our total population. Who can state how many miscarriages are due to syphilis, or how many congenital syphilitics are born annually? If there are only two hundred thousand, this means twenty million in a century. Oriental populations double in this period, while Occidental ones increase by about half this figure, and yet we are not awake to the danger of squandering two-fifths of our procreative ability. The aggregate time lost to society by syphilitics in their pursuit of treatment privately or in public institutions is enormous. Assuming that there are only ten million in the United States, that three years are required for the cure, that a half hour is spent in each consultation, and that each patient makes about forty visits annually to his physician, six hundred million hours are lost in this period, or twenty-five million working days, or about eighty-four thousand working years. This represents a loss in wealth that cannot even be surmised. With the utmost desire for optimism, is not syphilis an adversary worthy of our keenest steel?

In a decade of intensive study one lesson stands out that is of practical value to the community. The earlier that the disease is recognized and treated, the greater the probability of prompt and permanent cure. Thus, the likelihood of transmission during the period of maximum infectiveness is decreased, and that of the social sequelae tends to be diminished. Society can face its problem either by destroying the disease, or by drawing its fangs. To destroy the disease, that is to eliminate it, individuals must be instructed as to its dangers. To curb the disease, society must take means to safeguard itself by an enlightened, conscientious, concerted and vigorous series of measures.

The great vehicle of transmission of syphilis is indiscriminate sex congress. In young men the belief is nurtured that continence is injurious. This is absurd, of course, as *Haven Emerson* recently emphasized in an address before the New York Social Hygiene Society ("How Publicity Can Help to Control Venereal Diseases"). The Germanic tribes of the first centuries of the Christian era held virginity in men as high as in women. If we compare the sexual life of the Northern races to that of the Romans whom they conquered, we can find little to justify belief in the doctrine that continence is harmful either to health or virility.

It is important, then, to combat the superstition that sowing wild oats is a necessary or beneficial activity. Adolescents should be warned by their parents against the physical risks inherent in incontinence. To regard the question as an ethical or moral transgression is another matter and one which can be settled only by the preceptor. Ethical and moral standards are purely subjective, and sermons and other similar forms of appeal are among the least efficacious means of carrying conviction to anyone but their authors.

In the last analysis, one may well despair of the likelihood of accomplishing much by addressing individuals. Although every point made may be accepted by a rational human being, everything in society militates against masculine virginity, and the hope of eliminating syphilis by an appeal to reason is slight, although actually this is the only way to attain the end. Society, then,

is confronted by a complex problem. Syphilis is an infectious disease of great economic importance, in that it materially lowers the physical and mental quality of the race and, as already indicated, alarmingly lowers the birth rate and the mean average standard of the new born. A simple expedient exists to meet the condition—sexual continence. The expedient, however, is impracticable since it is at variance with that which in amiable self-delusion we call human nature. The next best thing to preventing a disease is controlling it. Such control is within the easy reach of society, provided society will assert itself. Properly trained physicians, properly equipped institutions, and suitable legislation are all that is needed.

The training of capable syphilographers should begin in medical schools. Need for brevity forbids me to trace out in detail my reasons for the views about to be expressed concerning this phase of the question. In another paper I have elaborately analyzed the situation and here shall simply record my conclusions. A special chair of syphilography and dermatology with faculty representation is required. To divorce the two subjects, since an expert syphilographer must also be an expert dermatologist, would effect a wasteful reduplication in our colleges. The department in question should teach syphilis in its broader aspects, intimately coöperating with all other clinical departments, and with those of pathology and sero-bacteriology. Suitable clinics should be open to students, and after a two years' course, during which undergraduates in medicine have familiarized themselves with the disease in its general and special aspects, they will be ready to take up their post-graduate training. No candidate should get his degree without being able to make a dark field examination, without having been taught to administer salvarsan and mercury, without understanding the significance of the Wassermann test, or without being able to recognize early syphilis. It is in the early recognition of the disease and in its prompt cure that the hope of the race lies. Shilly-shallying or ignorance where syphilis is concerned are social transgressions on a par with criminal abortion.

The head of the department of syphilography must be a widely

trained physician with as broad a grasp of medicine as an internist and thereunto added great special knowledge. Our medical schools in this connection would do well, when making their appointments to the chair, to emphasize the important requirement of selecting the best possible available man with reference to his ability for his chosen duties, rather than with an eye to his social prestige, or his kinship to an influential benefactor. To make a syphilitic safe for the world rests on principles similar to making the world safe for democracy, and it would harm American society very little to realize that the dean's college chum, or the nephew of the rich banker who left a million to the university, although a pleasant gentleman, is not necessarily the best choice for the chair of syphilography.

In post-graduate work, as well as undergraduate, the subject should be taught on similar principles in a central department, coöperating intimately with all other departments. Incidentally, post-graduate teaching should be undertaken far more seriously than it is. Mushroom specialists should not be sanctioned, and no man should have the endorsement of a post-graduate school without at least six, and preferably twelve months of intensive training under strict supervision in his selected field. The farmer of the Northwest and the planter of the South are entitled to as good syphilographers as the country can produce, and they should be made to realize that a physician who has vanished from his home for two or three months and who suddenly reappears, posing as an expert, is not necessarily one by virtue of having called daily for his mail at some large metropolitan post-graduate school. Actually, post-graduate teaching, to be efficacious, should be supplemented by a year of practical work in clinics and wards, and no physician should treat a case of syphilis unless he can conscientiously tell himself that he would be willing to treat his own brother, if so afflicted.

Whether in post-graduate or undergraduate schools, the subject should be allied with dermatology, because dermatologists have become in general better syphilographers than have men in other fields. This by no means implies either that all dermatologists are good syphilographers, or that all good syphilographers

must style themselves dermatologists. The fact remains, however, that to be a good syphilographer an expert understanding of dermatology is required. Syphilis is not a genito-urinary disease simply because nearly all cases begin on the penis any more than it is a throat disease when the chancre appears on the tonsil. Since syphilis has acquired greater scientific interest and its treatment has been invested with greater commercial lure, a powerful effort has been made in various fields of medicine to replace former neglect of the subject by a vociferous if not disinterested step-parentage. This is an actual social danger for the step-parents regard the quondam step-child with no unselfish eye, and society is within its rights in examining the qualifications of a physician both as pedagogue and therapist before submitting either to his teaching or ministrations. Practically all of the Class A institutions in the United States, and, so far as I know, all post-graduate schools include syphilis in the department of dermatology. Harvard, the one notable exception, has a special chair for the subject, the management and leadership of which are above reproach. However, there are two kindred chairs at Harvard, and this obviously is wasteful academically and financially. Sabotage exerted by a disappointed department head against the department teaching syphilis should be suppressed by faculty legislation, for the faculty will realize that medical schools render a public service, one of the chief functions of which is to supply society with individuals competent to combat great scourges. Precisely as the greatest discrimination should be exercised in making an appointment, so if the man selected should prove at any time inadequate for his duties, he should be replaced. The human impulse to make allowances is great, and generosity is never without its appeal, but when leniency constitutes a public risk, the community must suppress all sentimental considerations.

In hospitals and dispensaries the care of syphilitics should be, and throughout the country in fact is, in the hands of dermatologists. The reasons for this parallel those for the need of a central department in our teaching institutions. Salvarsan may be administered, excepting in special instances, in the out-patient

service. Such exceptions are cases of central nervous and visceral syphilis as might react unfavorably to therapy with the possible risk of prolonged illness, or even death. The general principles of appointing syphilographers, their tenure of service, and the like, should follow along lines similar to those indicated in connection with medical schools. In municipal hospitals the city government determines such matters, and abuses may creep in resulting from political exigencies. In private institutions favoritism may likewise defeat ideal ends. The remedy for this lies in a reconstruction of our views upon the relation between human rights and opportunism. It is clear that party smiles, condescension of trustees, demands of benefactors, should all take a place second to actual ability, if indeed they should be accorded a place at all.

Hospital equipment includes adequate means for therapy, examination, social service work and the like, so that early syphilitics may as rapidly as possible, by intelligent treatment, cease to menace the public. A part of this scheme embraces efficient following up by the social service bureau in order that recalcitrant patients may be urged to receive sufficient treatment, until the laws of the community are able to coerce them. It may become necessary for the community to pay hospital physicians for their work, or even to conduct the work under municipal supervision. There is unquestionably, however, still enough public spiritedness among physicians to enable society to obtain the services it needs without compulsion. Often those most devoted to public welfare are discovered among the busiest physicians, and there is scarcely a man who, within ten years of his graduation, has not sufficient leisure to contribute substantially of his time for the common weal.

Legislation directed to the control of syphilis may have to include measures regulating its teaching and treatment. It is to be hoped, however, that this sort of communistic authority will never have to be exerted in our country. Socialism is perhaps an expression of inability on the part of a race to live up to those humanitarian ideals that should be obvious to civilized man. It is an attempt to enforce the principle of the greatest good to the

greatest number. In handling the problem of syphilis this means the State's right to exact proper treatment by properly trained physicians,—factors which depend upon properly conducted medical schools, clinics and hospitals. Unless physicians and trustees are willing unselfishly to accept this basis for their work, society will ultimately enforce its rights and resort to conscription and compulsion.

Aside from legislation directed to the above ends, another great phase of the situation may be met by this means—social prophylaxis to counteract the failure of individual prophylaxis. In other words, the syphilitic, while infectious, must be virtually isolated. How to accomplish this is a matter involving at once delicacy and firmness. The main weapon will be the reporting of cases, both in institutional and private practice, as outlined by *Haven Emerson* in the paper already quoted.

Naturally, syphilitics will shrink from being enrolled on public records. Society's absurd stigmatization of the unfortunate, and the fear of blackmail by unscrupulous officials, will be the basis of opposition to such a statute, and the fact that among men of prominence in all walks of life are many syphilitics will further fortify such opposition. The reporting of the cases alone would be valueless, were society, through proper officers, unable to insist upon adequate treatment of the cases. Thus, laws would have to be enacted forcing patients to receive treatment, either institutionally or privately, and to have reports of progress filed at stipulated intervals, say quarterly, with the local health bureau. If for some reason the patient should have to change his place of treatment, or his private physician, the successor should be entitled to the records of the predecessor; in fact, the two should be compelled to make the records continuous. The predecessor should report to the health board the patient's discontinuance of treatment, and the successor should immediately announce the arrival of the patient. The names of all the patient's physicians and a record of his treatment should be on file with the health officers. Marriage licenses should be granted only with the consent of the health department. The health departments in various municipalities would have to work in harmony in order that

syphilitics might not escape their obligations to the public by leaving one community and joining another. This might and probably would involve the creation of a federal department of health with jurisdiction over all local bureaus. Since the American public prefers to close its eyes to prostitution rather than to regulate it, the medical control of prostitutes can be attained only by reporting syphilitics without inquiring into the habits of life determining the infection. Our societies for the suppression of vice still are conducted on the principle that the best way to eliminate the Devil is to tire him out by driving him from one part of a city to another. That the Devil has better endurance than his pursuers never has dawned upon the latter, and the risk of disseminating foci of venereal infection by scattering brothels appears more virtuous to the virtuous than to control prostitution, and examine and license the prostitutes. By reporting all cases of syphilis those developing among prostitutes will automatically be recorded and cured, and society will be able to continue to blind itself to the existence of the ancient institution and at the same time protect itself.

The federal health bureau should exclude aliens with any symptoms of syphilis, even only a Wassermann reaction. Such a measure will be necessary after the war when immigration again reaches its former proportions, for syphilis has increased enormously in Europe. In the port of New York the execution of such a law would involve tremendous labor, but it would be worth the effort and cost to the country, and if syphilitics were deported at the expense of steamship lines, it is safe to predict that these would see to it promptly that no syphilitic embarked for American shores. This would probably lead to universal control of the disease, in the manner outlined, as no nation would care to boast of having an unduly great syphilitic population.

To sum up in a few final words, syphilis is as easily preventable as any other infectious disease. It cannot be prevented by an appeal to individual reason, for man knows the risk of indiscriminate intercourse, and his knowledge has never frightened him into continence. With syphilis as an actual condition it must be treated early if its economic consequences are to be

avoided. Thus the problem of syphilis to the community resolves itself into the problem of controlling early syphilis. This is the period of maximum transmissibility. The disease can be combated only by recognizing it and treating it intensively at once. This places the burden squarely where it should be,—upon medical schools, hospitals and clinics. These institutions must rise to the occasion by selecting competent teachers, physicians and equipment. The department of syphilis must be centralized. Social service bureaus must be adequately conducted, the cases must be reported to the municipality whether by institutions or private practitioners, and finally, alien syphilitics must be excluded at our borders.

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The Problem of Venereal Disease in its Relation to Penal Institutions.

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While controversies are being carried on as to whether the honor system or self-government is more efficacious in remodeling the criminalistic man and helping him to readjust himself to social conditions, and whether a course in domestic science or an industrial training is better adapted to fit a woman to be self-dependent, the problem of venereal disease which needs no prolonged argument is being neglected. As clear cut and as important as the problem is in the community in general, it becomes much more definite when related to the population of our prisons and jails. If society does not assume the responsibility for these individuals, and treat them adequately, it must face the fact that later on, they will not only be a source of danger in the community, by causing the spread of the disease among innocent persons, but that a certain percentage will become so incapacitated by the disease, either mentally or physically, that they will be public charges.

Of the two venereal diseases which are most prevalent—gonorrhœa and syphilis—the latter is perhaps more far-reaching in its social aspects because it affects the succeeding as well as the present generation, and therefore, seems to demand the first consideration. The following figures will show the prevalence of syphilis in some of our reformatories and penal institutions where laboratory tests have been adopted as a routine procedure in the physical examination.

Among 500 cases¹ studied at the Reformatory for Women at Framingham, Mass., 44 per cent had positive Wassermann reactions, while 10 per cent were doubtful. In 440 cases² studied at the New York State Reformatory for Women, at Bed-

ford Hills, 48 per cent gave positive results, while in Auburn Prison, New York,³ the percentage among the women was 33 and among the men 16.

Dr. Davis* reports that in the Department of Correction in New York, all women admitted are given the Wassermann test. I am also indebted to her for the information that during the last year 55.83 per cent of the women committed under the indefinite sentence were syphilitic.

Dr. Glueck* states that among 940 cases admitted to Sing Sing Prison between August 1, 1916, and May 1, 1917, 18.9 per cent gave a one, two, three or four plus Wassermann reaction while but 10.3 per cent gave a four plus Wassermann reaction.

The high correlation in the percentages of syphilis in the institutions for women quoted above is due doubtless to the large number of prostitutes included in their populations. A special study, however, made of 243⁴ prostitutes at Framingham showed 65 per cent giving a positive Wassermann reaction and nearly 10 per cent more giving a doubtful Wassermann reaction. It is interesting to compare this with an examination reported by the Baltimore Vice Commission⁵ which shows 63.7 per cent of 289 prostitutes to have syphilis.

From the earliest times prostitution has existed in spite of all conceivable means of repressing it, but it is only in recent years with the increased knowledge of laboratory tests for the detection of venereal diseases, and the increased knowledge of the diseases themselves, that true realization has come of the mental and physical devastation which has resulted from it. According to Aschaffenburg⁶ "prostitution was originally instituted by priests for the honor of the divinity, and the benefit of the temple, and later put into practical form by statesmen like Solon . . . Louis XI of France tried to abolish it altogether and founded places of refuge for fallen women. On his return from Palestine, he ordered it to be completely exterminated. The concealed prostitution that immediately began to flourish everywhere, however, compelled him before a year had elapsed to repeal the order

*Personal Communication.

and assign certain streets to the use of prostitutes." And so it has continued till the present day, when in this year of 1917, a city in our own country, after repeated attempts by the citizens to effect such a procedure had failed, was finally ordered by the Federal government to close its segregated district because of troops quartered in the vicinity. As a result 4,000 women who had been plying what up to that time had been considered in the city a legitimate trade, were without employment, and were liable to arrest if they returned to their previous occupation. Whatever the solution of the moral problem may be which has remained unsolved through so many centuries, of one thing we are certain, and that is, that the spread of physical disease should be as far as possible controlled, not, however, by the physical examination of prostitutes, which in all instances has proved ineffectual, if not a farce, but by recognizing venereal disease as contagious and infectious, and treating it accordingly.†

The increased knowledge of syphilis which has come to us since Schaudinn and Hoffmann discovered the *Spirochaeta pallida* in 1905, and Wassermann, Neisser and Bruch established the serum diagnosis of syphilis in 1906 and Plaut the Wassermann reaction of the cerebro-spinal fluid in 1908, is remarkable, but would be disheartening, interesting as it is, had it not been offset by Ehrlich's discovery of salvarsan in 1909. Even before the introduction of the Wassermann test there were appalling statistics published of the prevalence of syphilis in the various countries. These ranged between estimates of from 3 to 5 per cent in the general population of Prussia and Sweden, to 45 per cent and even 77 per cent in groups of selected persons such as clerks and merchants between the ages of 18 and 28 years in certain of the German cities.⁸

The effect which syphilis has on the birth rate and the large numbers of women and children who are infected innocently, will show to some extent the possibilities of further harm which

† Buckley (7) some years ago emphasized the need of controlling the spread of venereal disease in prostitution by examining the man rather than by the old and unsatisfactory method of examining the woman.

untreated syphilitic delinquents may have in the community. Fournier⁹ describes forty-four pregnancies among women recently infected with syphilis. From these there resulted forty-three deaths and one living child. Four hundred and ninety-one pregnancies in syphilitic families, in which one or both parents were syphilitic, resulted in 382 deaths or 77 per cent. Taking into account the most favored cases in which the father only was syphilitic or had had previously prolonged treatment, there were 68 per cent of deaths. Gregg¹⁰ reports in the families of seventy syphilitic patients 133 deaths, fifty-two miscarriages and eight stillbirths. Fournier also emphasizes the large number of women who are infected innocently. About 5 per cent of 887 cases seen over a period of twenty-seven years had syphilis of non-venereal origin, while 19 per cent were married women who had received the infection from their husbands. In our own country we have ample evidence of the number of innocent victims of the disease. During a period of twenty-seven months, 600 children under twelve years of age passed through the venereal ward of the Cook County Hospital in Chicago.¹¹ Of these 16 per cent had syphilis, and 84 per cent gonorrhœa. Sixty per cent of the children had been innocently infected. Twenty per cent showed congenital conditions and 25 per cent had been assaulted by diseased persons.

Baseley¹² shows by studies made at the Boston Psychopathic Hospital that there is increasing authority for considering the infectious psychoses and psychoneuroses to be the last offshoots of luetic heredity. He has also shown in a study of children under fifteen, constituting social problems, that those children showing evidences of congenital syphilis show a larger proportion of feeble-mindedness and retardation, were more delinquent and had greater defects of vision, hearing and speech than the non-syphilitic group.

Perhaps the greatest danger of syphilis as a cause of social inefficiency lies in the fact that it may do so much damage to the central nervous system. Williams¹³ states that 10 per cent of the patients who enter the Massachusetts State Hospitals for the Insane are suffering from syphilitic mental disease. In New York State there are 12.7 per cent, while in Ohio there are 12

per cent. Over 16 per cent of 3,213 cases at the Boston Psychopathic Hospital¹⁰ show a positive or doubtful Wassermann reaction in blood serum or spinal fluid. Williams, in an interesting study, has made a compilation of the number of years lost in the lives of 100 cases coming to autopsy at the Boston State Hospital, whose death was caused by syphilitic mental disease. He was able to say that by the premature deaths a period of 2,000 years was lost in the community. Their death represented a financial loss of over \$212,000, and their medical care had cost the state over \$39,000. One hundred and nine children had been left as public charges. These estimates did not include the other dependent members of the family or the physical and mental defect of other people resulting from the 100 infections. Williams estimates that there are at present at their work in Massachusetts 1,500 persons who in the next five years will be committed to state hospitals on account of syphilitic insanities. In the state of New York there are 3,000 such individuals.

Syphilis as a cause of feeble-mindedness, of organic disease, and of ill health in general is less easy to compute. It is, as we all know, a very great factor in the community. This point has been emphasized in an exceedingly forceful and stimulating address by Sir William Osler¹⁴ on the prevention of venereal diseases, delivered last spring.

Although gonorrhœa does not cause diseases of the central nervous system, its effect on the birth-rate and on vision, its pelvic and abdominal complications and its rôle in causing cardiac conditions and arthritis, together with the greater prevalence of the disease, make it almost as formidable a social factor as syphilis. The following figures will serve to demonstrate its prevalence among delinquent women: At the Reformatory for Women at Framingham, Mass., there were 75 per cent of gonorrhœal infections among the total population.¹⁵ This was based on bacteriological evidence as well as on clinical symptoms. At the New York State Reformatory at Bedford Hills, N. Y.,² 73 per cent showed the presence of gonorrhœa according to the complement fixation test alone. Among 243 cases of prostitutes studied at Framingham over 98 per cent had gonorrhœa.

Ninety-two and one-tenth per cent of the 266 prostitutes studied by the Baltimore Vice Commission also had gonorrhœa.⁵ Among alcoholics who had not been arrested for any offense against chastity, 52 per cent showed evidence of gonorrhœa. In a miscellaneous group made up of women in whose history there was no known sex promiscuity only 44 per cent show gonorrhœa. This may not seem so high when we remember that Neisser believed that 45 per cent of all women in the community were infected with gonorrhœa.¹⁶ No satisfactory statistics on this disease appear to be forthcoming from men's prisons, but we remember that Neisser¹⁷ estimated gonorrhœal infections among the male population in general as 75 per cent, while other authorities estimate it as high as 80 and 90 per cent.

It may be of interest to keep in mind the results of gonorrhœa in the community. Norris¹⁸ states that by sterilization and abortions, gonorrhœa does more to depopulate this country than any other one cause. Other authorities say that from 30 to 50 per cent of all childless marriages are directly caused by gonorrhœa. In the opinion of over 600 physicians, 40 per cent of all gonorrhœics suffer from pelvic inflammatory conditions. Six different authors believe that 25 per cent of acute cases and 50 per cent of chronic cases show pelvic complications. In the reformatory cases we found that 67 per cent presented symptoms of pelvic inflammation, while 40 per cent became surgical cases, either having had or needing abdominal operations. We also found that the number of children in the families of gonorrhœics was over one and one-half less than among families of non-gonorrhœics, and that there were 35 per cent of one-child sterilities among those infected. While the limitation of the birth-rate may be considered desirable among the delinquents themselves, it certainly will not be considered so when it follows the ramifications of the same infections as they spread out in the community.

Most of our cases seemed to run an uninterrupted course, sometimes for a period of twenty-five years, without having treatment. During that time they were continually a source of infection. Only 15 per cent of the cases had received treatment

during the first year of the disease, and as we all know, unless a case is treated at the beginning of the infection, treatment for many months, if not years, is necessary to control even clinical symptoms. Only 1 per cent of our patients had received adequate medical treatment, and 53 per cent had had no treatment whatever.

We must not forget the social inefficiency caused by this disease through blindness, as it is estimated that from 30 to 50 per cent of all blindness and 80 per cent of blindness of the new-born result from gonorrhœa.

TREATMENT.

Various institutions in this part of the country have been treating syphilis with up-to-date methods for some years. Dr. Fernald* at the Massachusetts Reformatory at Concord, Mass., has been giving salvarsan since 1910, when he received some of the second lot sent to this country. Dr. Fernald, who has kindly allowed me to use his unpublished figures, finds an incidence of less than 7 per cent among the inmates of the Reformatory. Of the cases under treatment, he believes that 50 per cent are cured before they leave the institution. Dr. Haecox* at Auburn Prison in New York, introduced the Wassermann reaction as a routine procedure in all admissions on October 1, 1915. It has also been possible for him to administer a limited amount of neo-salvarsan to all cases showing a four plus reaction. Furthermore, a definite appeal was made in the annual report for an adequate supply.

In our small hospital at Bedford Hills, repeated doses of diarsenol are being administered once a week in the treatment of syphilis, together with a weekly injection of salicylate of mercury. While some of our patients have received from fifteen to twenty treatments of diarsenol, every luetic woman in the reformatory is receiving at an out-patient clinic of the hospital five treatments of diarsenol in addition to her other anti-syphilitic treatment. Similar treatment is being given all the syphilitics by Dr. Sullivan at the Reformatory at Framingham, Mass. It may be asked how the money for so expensive a treatment can be pro-

* Personal Communication.

cured. From our brief experience with such bodies, we believe that if one goes before the legislature and explains frankly the effect of untreated cases of syphilis returning to the community, money will be forthcoming for any amount of salvarsan or its equivalent which is desired.

Regarding the effect which energetic treatment of syphilis may have on the conduct of the patients, we have only to look to our psychopathic hospitals, where such treatment is being given, to see marked improvement in behavior in cases of syphilis of the central nervous system following treatment. While syphilis itself does not often appear to be the direct cause of delinquency, the treatment of syphilis in delinquents often improves their mental condition to a marked degree and makes it possible for them to readjust themselves to their environment. Southard¹⁹ mentions such a case as this which, while exhibiting from childhood a psychopathic personality, also showed evidence of a diffuse cerebro-spinal syphilis. While the psychopathic personality was not markedly benefited by anti-syphilitic treatment, still the additional symptoms caused by the cerebro-spinal syphilis were eradicated. The patient ceased to have convulsions, and although the mental tests showed that she ranked in the subnormal class, she was apparently better equipped to make the necessary social adjustments.

We know of a woman committed several times to different institutions for forgery. Since her release from the state reformatory several years ago, she has held responsible positions in various institutions. She had cerebral lues and suffered from headaches and insomnia which both disappeared after a few treatments of salvarsan. It is difficult to say to what extent syphilis was the cause of her anti-social acts, but treatment of the disease has undoubtedly been a help in enabling her to adapt herself to the laws of the community and hold positions of responsibility.

The treatment of gonorrhœa, especially in large institutions for women, presents perhaps a more difficult problem. At the Reformatory for Women in Framingham in which the population ranges between 300 and 400 women, gynecological treatments were given twice a week to all cases of gonorrhœa. At least

250 treatments weekly, or 1,000 treatments a month, were given. One must realize also that in many cases an eight to ten months' treatment was necessary before clinical symptoms alone disappeared. For medication, tincture of iodine or a solution of silver nitrate 10-25 per cent has been applied to the interior of the cervix and to the vaginal mucosa. Besides this, tampon treatment has been given with boro-glycerine or ichtyol and glycerine and (before the war) a solution of picric acid.

One often wonders if the unsatisfactory results obtained warrant the amount of energy expended in the treatment. However, the extreme virulence of many of the cases leaves no alternative, even though the best treatment is adequate and cure impossible. Furthermore, the effort may be considered worth while if it succeeds in emphasizing in the patient's mind the seriousness of her condition and makes her realize the necessity of further treatment after she has returned to the community.

VENEREAL DISEASE AND WAR.

At a time when venereal disease constitutes one of our greatest war problems, we may be pardoned for referring in the discussion of our smaller problem to the much larger one which is facing society to-day. One-third to one-fourth of the British army²⁰ is said to have contracted venereal disease since the beginning of the war, and it is also said that in France the prevalence of these "plagues" (gonorrhœa and syphilis) is "horrible."²¹ Gaucher²² has said that whereas before the war, at the St. Louis Hospital, one patient in ten was a recent case of syphilis, in the first months of the war this proportion increased to one in six, while in the next eight months it was one in four.

It is interesting to look back at the history of syphilis and compare its first appearance in Europe with its prevalence at the present time, noting the close relation which has existed from the earliest times between war and the spread of the disease. It will be remembered that syphilis is supposed by some authorities to have made its appearance in Europe after Columbus returned to Spain from his discovery of the West Indies in 1492.²³ At

that time Charles VIII of Spain had gathered together great mercenary armies for an invasion of Italy. Soon the disease spread not only through Italy, but also to all parts of Europe to which the soldiers traveled. Although this was over 400 years ago and although much has been learned of the disease since, especially in the last ten years, it is even now one of the greatest problems of the present war. Gonorrhœa has remained quite as much a problem through many centuries. We hear of it first from the oldest Egyptian medical records—about 1550 B. C., in Japanese manuscripts as early as 900 B. C., and in the Old Testament in Leviticus.²⁴ It has apparently thrived from that time until the present day in spite of Neisser's discovery of the gonococcus in 1879 and later discoveries on treatment and in prophylaxis, so that at the present time it is the most prevalent of the infectious diseases with the exception perhaps of measles. To quote from a recent article by Lyster: "The gonococci have probably quite as ancient and respectable a lineage in biology as the pneumococci. The same relentless scientific measures that are used in the one case must be applied in the other, and no fake sentiment must be allowed to interfere in the efficiency of their application."²⁵ However, a social conscience is being aroused of which there is no better evidence than that the most conservative of the New York papers has printed a series of articles which describe our failure to control the situation on the Mexican border and which recount the dangers and prevalence of syphilis and gonorrhœa in general.

The attitude of the War Department towards the disease and the emphasis laid on it is encouraging. Every effort is being made to meet the situation with the following four methods of attack:²⁶

- (a) Social measures to diminish sexual temptation.
- (b) Education of soldiers and civilians in regard to venereal diseases.
- (c) Prophylactic measures against venereal diseases.
- (d) Medical care.

The amount of interest shown in the subject by the general public through a variety of organizations, both medical and non-

medical, is both encouraging and stimulating. Alcohol is being kept from the neighborhood of the camps. The attempt is made to eliminate prostitution from their vicinity. Recreation centers are being established where men may meet their women friends and may come in touch with women of a good type. Soldiers and civilians are being educated in regard to venereal diseases. Organized sports are being made compulsory. The work of the Y. M. C. A. and also of the Y. W. C. A. is of inestimable value. The whole movement is recognized frankly to be one to combat venereal disease which in some companies of the European armies on their way to the front is said to have incapacitated more men than have been incapacitated in other companies while under shell fire. Whether or not the commanding officers will consider prostitution necessary for their men and will see to it that the vicinity of the camp is free from undesirable resorts and saloons, will be largely the result of this openly expressed public opinion. Exner²⁷ reports that on the Mexican border, there were but two such protected camps. He says of one: "No more contented, more orderly, better disciplined, better trained, more efficient, or more loyal body of troops could be found anywhere on the border. These facts can be readily verified from anyone conversant with the situation. Furthermore, these men were proud of the moral reputation of their regiment. Many of the men said to me, with a ring of pride, 'Oh, we have a clean bunch here.'"

The annual report of the Surgeon-General to the Secretary of War shows the incidence of venereal disease in our army during the last three decades. In the first period from 1886-1898, the incidence of venereal disease was 7.8 per cent. During the period beginning with the Spanish war in 1898 and lasting until 1909, the rate increased to a ratio which ranged between 13.5 to 17.4 per cent. With the introduction of prophylaxis and systematic measures of dealing with the situation, and with the use of the Wassermann reaction, the rate during the third period, from 1910 to 1915, again decreased to a ratio which ranged from 6.5 to 10.5 per cent.

Exner²⁸ shows that on the Mexican border the extent of prostitution was in direct ratio to its accessibility and that the

venereal rate under prophylactic treatment as compared with indulgence in prostitution was surprisingly low. It is interesting to consider the attitude of the English in refusing to make use of artificial prophylaxis²⁹ even at the present time in the fourth year of the war after the efficiency of their army has suffered so much through venereal disease. Preventing venereal disease by prophylactic treatment may be considered in the same category as the prevention of mental disease when the earliest symptoms present themselves. Failure to do either of these things seems to us not only short-sighted but also unethical.

RECOMMENDATIONS FOR THE CONTROL OF VENEREAL DISEASE AMONG THE CRIMINALISTIC POPULATION.

1. We believe that wherever a physical examination is necessary in the case of individuals passing through our courts, it should include laboratory tests for gonorrhœa and for syphilis. A physical examination is necessary in every case which is under the care of the state for any period of time, whether it is in a penal institution, an industrial school, or a jail. All cases found to be positive should receive treatment.

There is in Massachusetts a law³⁰ which we understand also exists in Connecticut, which states that inmates of public, charitable or penal institutions shall be held for treatment of syphilis while the disease is in a communicable form. This law is of great benefit if used in bringing extra pressure to bear in forcing any uncoöperative individuals to receive treatment.

2. Provision should be made in the community for hospital treatment of venereal disease to encourage care of such infections in their earliest stages and for follow-up work of those cases whose treatment has been begun in institutions.

3. We should not forget that the question of mental defect in the community is closely associated with that of venereal disease, as well as with delinquency. When we realize the real need of segregating the feeble-minded and are able to care permanently for this class of social inefficients, we shall remove a great source of infectious disease from the community. Twenty-three per cent of the women of the Reformatory at Framingham, who

were fit subjects for permanent segregation on account of their mental defect, showed 90 per cent of gonorrhœa and over 60 per cent of syphilis.

4. It is believed by authorities both in Europe¹⁴ and in America³¹ that before the war is over the need will be recognized for a law requiring the notification of these diseases, which will place them on an equal footing with other contagious diseases, will make treatment compulsory and will tend to lessen the danger of further infection.

5. At some future date when our probation and parole departments have adequate medical equipment, and there is more emphasis laid on therapeutics in the treatment of delinquency, examination may be made also of the families of delinquents. At the Boston Psychopathic Hospital³² an effort is made to bring to the hospital for examination the wife or husband of every syphilitic patient treated and those of the patient's family under eighteen years of age.

Stokes³³ in a book on syphilis, which is entitled, "The Third Great Plague," says, "There are no signs more hopeful of the highest destiny for humanity than that of to-day which marks the transition of disease from a personal to a social problem." When the public is told through the daily paper that gonorrhœa and syphilis are the most prevalent of all diseases, with the exception of measles, and that while over 19,000 cases of tuberculosis were treated in the city of New York in 1916, there were over 20,000 cases of syphilis treated, they are going to be more alive to their responsibilities in the whole situation.

Paton³⁴ has recently said, "The present catastrophe which threatens civilization is one of the tragic results of attempting to organize society in order to satisfy theoretical conceptions without taking cognizance of the fundamental laws which govern human nature." Again, "The priest has told us what men ought to become, the poet has recorded all his dreams of an idealized race, while the historian has given us interesting pictures of what human beings were supposed to have been; but man, as he actually is, has only recently become the subject for study." The activities of many societies and their frank attitude toward the situation are evidence of a genuine desire on the part of the

public to face things as they are and to assume responsibility for them.

We must meet a situation in the European war which will call forth every bit of strength and economic efficiency possible. If by adequate treatment of our dependent population now in penal institutions we can increase their economic as well as their social and moral efficiency let us by all means do it. It will be one of the bits for the men and women who stay at home to push with all the resources at their disposal. The great awakening toward the problem in the war should be a tremendous help in getting support in this more limited campaign, and should help materially to shake off the inhibiting shackles which have held us in the past and prevented us from adequately meeting a very concrete situation. There is no class of people who can do more toward accomplishing this than the physicians. They have always appreciated the need, but on account of the ignorance of the public on the subject, have feared to violate the ethics of the profession and take a definite stand which would doubtless cause undesirable publicity. This obstacle is being rapidly removed. The public is craving education and there is little doubt that means will be forthcoming now for all the help needed in the treatment of venereal disease, at least where it is under control in penal institutions.

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Syphilis in Relation to Mental Disease

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Syphilis has long been recognized as an important etiological factor in mental disease. With the refinement of diagnostic methods by the addition of the precise laboratory tests for syphilis, the etiological significance of syphilis in mental disease has become more firmly established. The relationship between syphilis and insanity cannot be emphasized too strongly. Here the cause is clearly a preventable one and in prophylaxis largely rests the hope of the future in combating the increasing problem of the insane.

The limits of this paper will not admit an extended discussion of the different clinical manifestations of the syphilitic infection in the psychoses. It is purposed, however, to outline the types of psychoses and to direct the attention to the importance of taking widespread prophylactic measures against syphilis, with some suggestions as to ways and means from the standpoint of mental hygiene.

That the syphilitic infection is prevalent to a startling degree in the community at large is undoubtedly true, but estimates as to the actual number of cases vary too greatly to be conclusive. Moreover, even though the number of syphilitics were known it would be impossible to estimate accurately the percentage of nervous and mental cases liable to develop, as there appear to be many other factors such as race, individual susceptibility, possibly the influence of associated habits such as alcoholism and other conditions, which seem to have a bearing in determining whether the nervous system is involved, which portion, and to what extent it is attacked. The results of Wassermann surveys of communities, institutions or other groups of individuals undoubtedly represent to a certain degree the percentage of luetic infection among these persons. Here again, however, no generalization

can be made and marked variations will be found due to differences of technique, the personal equation of the examiner, racial or community peculiarities of those examined and so on. For instance, in the matter of racial difference alone, in Southern communities the prevalence of syphilis in the negro is so marked that it is customary to regard each individual as syphilitic until proved otherwise. But even in the negro race, the percentage of positive Wassermanns reported by different writers varies greatly depending apparently upon the examiner and his methods. In any case one should remember that in the psychoses as well as in other conditions a positive Wassermann does not always mean that syphilis is the most important causal agent. It may be merely incidental.

Although the uncertainties of statistical studies are apparent and care must be taken in making general applications from the conclusions reached, yet the findings are suggestive and should always receive due consideration. Some time ago, Dr. Thomas W. Salmon cited the investigations conducted in the records of the Austrian army. Between 1880 and 1890, 4,134 officers had contracted syphilis, and in 1912 it was found that of this number about 4.9 per cent had developed general paralysis. In a recent edition of Nonne's work, it is stated that 15 to 25 out of every 1000 cases of syphilis develop cerebral manifestations.

At the Connecticut Hospital for the Insane, Middletown, the Wassermann test is made upon the blood serum of every patient admitted. During the past year, about 20 per cent have been found to be positive. Upon the other hand, a survey of the entire patient population of the New Jersey State Hospital at Trenton in 1911 and 1912, consisting of 1,583 individuals, resulted in only 7 per cent positive, a figure thought by the one who made the survey to represent approximately the prevalence of syphilis in the population of that portion of New Jersey from which the hospital drew its patients. The low percentage of positive reactions may be partially accounted for by the fact that a large proportion of those examined had been in the hospital for some years.

The statistical findings of the New York State Hospitals as to the number of cases showing a syphilitic etiology may be taken

as fairly representative. There was a total patient population under treatment in 1914 of 41,403, the number of first admissions for the year being 6,265, all of which were thoroughly and uniformly examined by a prescribed method and a diagnosis reached at a staff meeting in accordance with a recognized classification. Of the first admissions, 14.4 per cent were found to have syphilitic etiology. Besides these, 12.7 per cent resulted from arterio-sclerosis, of which syphilis is an important causal agent.

During 1914, in the New York State Hospitals, 16.6 per cent of the deaths were due to general paralysis, a disease of syphilitic origin. Salmon called attention to the fact that in New York state in 1913, there were 1,000 deaths from well recognized general paralysis (about as many as died from typhoid fever), there being a strong probability of there having been many more which were recorded as something else.

Further statistics of a similar nature might be cited almost without end but the foregoing should be sufficient to convince anyone of the importance of syphilis in relation to mental disease.

By far the most common type of psychosis due to syphilis is general paralysis of the insane or paresis as it is frequently called. Often insidious in onset and protean in clinical manifestations, paresis may be unsuspected until the attention is forcibly directed to the unfortunate individual by some scandalous action, marked change in habits or disposition or conduct entirely foreign to his ordinary mode of living. The disease is apt to make its appearance around 35 to 40, usually some ten years or more after the initial infection, the ordinary course being a progressive deterioration with death in from two to five years. The mental symptoms are so varied that one should always suspect paresis in an individual in whom any psychosis begins for the first time in middle life. While the expansive type with megalomaniac features is perhaps popularly believed to be "classical," yet as a matter of fact, the demented form is much more common. In general the mental symptoms may be characterized briefly as a progressive loss of memory, change and dilapidation of personality, disposition and behavior, variable emotionality, euphoria

and absurd delusions, profound judgment defects. Physically are found irregular, sluggish or Argyle-Robertson pupils, tremors, difficulty in coördination, exaggeration or (in tabetic type) absence of tendon reflexes, a characteristic speech and writing defect. From time to time, there occur the so-called paretic attacks which may be epileptoid in character. These paretic attacks may be followed by focal symptoms which, however, are only temporary and quite regularly disappear. The blood serum and spinal fluid should always be examined. In most cases the Wassermann reaction will be found to be positive in both blood and spinal fluid. In the latter, there will be a pleocytosis, the presence of more than ten cells per c.m.m. being diagnostic. The gold chloride reaction and globulin test will both be positive.

From a pathological standpoint, general paralysis is a chronic inflammatory and degenerative process. In the words of Dunlap, it is "essentially a generalized infection with the spirochete *pallida*, in which the central nervous system stands out more prominently than any other part." There is a general diffuse atrophy of the brain cortex, most pronounced in the frontal region. The pia is infiltrated and there is periarteritis. In the cortex, there is an irregular but active proliferation of new blood vessels, with marked infiltration about the same, consisting of lymphocytes, plasma cells and mast cells. There are cell degenerative changes, neuroglia replacement and new glia formation, especially in frontal regions. Noguchi and Moore first demonstrated the spirochete in the brain substance in paresis, a final confirmation of the syphilitic etiology.

Theoretically, cerebral syphilis is to be sharply distinguished from paresis, but clinically the differentiation may be an extremely difficult matter. Cerebral syphilis may be said to be more on the surface as contrasted with the parenchymatous changes of paresis. There are three types which may be combined to a certain degree, the gummatous, which is rarest, the meningeal, and the vascular, the latter consisting of a progressive, girdling, obliterating endarteritis. From the very nature of cerebral syphilis, it will be seen that symptoms of a focal

variety, such as paralyses, are more apt to occur. As Dr. Adolf Meyer has pointed out, "the mental symptoms are those of all organic disorders (memory and retention defects, states of confusion and hallucinations) but with relatively little unaccountable and fundamental change of character and dilapidation of the personality."

Henderson states that the Argyle-Robertson pupil is rarely present in cerebral syphilis. The general symptoms as distinguished from those of paresis are apt to be, first, headache, dizziness and vomiting; second, cranial nerve palsies; third convulsions without loss of consciousness, but usually followed by permanent facial symptoms; fourth, intactness of speech and writing; fifth, absence of facial tremor. The blood serum Wassermann is positive but that of the spinal fluid negative.

Cerebral syphilis is apt to be more acute and occurs earlier than paresis, the onset commonly being two or three years after infection, while in paresis it is more often ten to fifteen years.

Tabes dorsalis or locomotor ataxia, the chronic progressive, deteriorating process of the posterior spinal nerve roots with syphilitic origin, may be associated with a paranoid psychotic condition necessitating commitment to a hospital for the insane. By some authorities, tabes and paresis are considered manifestations of essentially the same disease, in tabes the greater severity of the process being localized in the spinal cord, in paresis in the brain. At any rate, the condition arises which may be designated tabo-paresis in which the mental symptoms of paresis are associated with the physical signs of tabes, such as absent knee reflexes, Argyle-Robertson pupils, Romberg sign, ataxia, crises and so on, with the usual course seen in paresis.

The question of congenital or hereditary syphilis is of marked importance, especially from a nervous and mental standpoint. Plaut, Mott and other investigators have clearly shown the pernicious effects of transmitted syphilis upon the nervous system. Where the offspring of luetic parents survive the well-known tendency to abortion, still-birth and death in infancy, they are liable to show in later years some degree of mental defect ranging from a mild feeble-mindedness, intellectual or temperamental,

to such gross types as imbecility or idiocy. Of a series of 208 children of syphilitic parents under observation over four years (Hocksinger), 43 per cent had some disease of the nervous system. Among these children were found cases of hydrocephalus, Little's syndrome, epilepsy, paresis, tabes, hysteria, and imbecility. Congenital syphilis of the nervous system may be in evidence at birth, develop in infancy or adolescence, or it may remain dormant only to make its appearance at a later age as the result of some accessory cause as yet not well understood.

Juvenile paresis is a most striking result of inherited lues. A child may develop apparently normally for a few years when not only further progress ceases but there is a decided lowering of mentality. Epileptiform convulsions may lead to an erroneous diagnosis of epilepsy. Various puzzling symptoms such as states of fear, excitement or depression may arise, accompanied by gradual deterioration and resulting in death in three or four years. A careful neurological examination with investigation of the blood and spinal fluid should serve to clear up all mystery as to the diagnosis, and autopsy findings will show the changes found in the adult form of paresis.

There remain yet to be mentioned several forms of mental disturbance, described by Jelliffe under the heading "syphilitic psychoses," characterized by an acute or subacute onset and separated from other similar conditions by a syphilitic etiology as shown by both anatomical and cytological researches of such men as Plaut, Alzheimer and others.

A neurasthenic-like state has been described by Kraepelin, beginning rather acutely after infection, with difficulty in thinking, irritability, insomnia, a feeling of pressure in the head and variable other pains. This is apt to be accompanied by more or less confusion and depression, with paraesthesiae and temperature variations.

A delirious confusion may appear during the first year following infection or later, characterized by excitement, fear or anxiety, hallucinations, disorientation and perhaps homicidal or suicidal tendencies. Korsakoff's syndrome may be found usually without polyneuritic symptoms, but otherwise showing the cus-

tomary delirious features, with retention defects and a tendency to fabrication being most marked.

Psychoses of the manic depressive type comprise a small group in which the laboratory demonstrates a syphilitic etiology. Patients in a manic condition resemble expansive paretics, while the depressed are especially noticeable on account of the frequent occurrence of hallucinations of hearing, often persecuting in type.

Finally, conditions resembling dementia praecox are seen, presenting physical signs which may be overlooked such as pupillary anomalies, reflex modifications, slight ataxias or changes in speech and writing. It is stated that there is a marked lymphocytosis in the cerebrospinal fluid and, in half of the cases, a positive blood Wassermann.

Mentally there may be found rather typical symptoms of dementia praecox,—a slow development of irritability, emotional deterioration, ideas of reference and persecution, hallucinations, mannerisms and so on. Such types may occur early or late after infection, or may even be congenital.

The question of the etiology of dementia praecox in general necessitates a slight momentary digression from the subject at hand. Probably the majority of psychiatrists believe that at the basis of dementia praecox is the peculiar constitutional make-up. One speaks of the shut-in personality, the irritable, suspicious, sensitive, diffident and unsocial type of individual whose faulty reaction to environment and life in general constitute the outward manifestation of the psychosis. On the other hand, investigators are working along various lines and theories are being advanced from time to time, so that one often hears of the possibility of auto-intoxication, disorder of the internal secretions or glandular systems, congenital syphilis and other organic conditions as etiological factors in dementia praecox. While it is true that praecox-like psychoses sometimes develop upon an undoubted • syphilitic basis, as demonstrated by serological and post mortem findings, yet the constitutional element in typical dementia praecox is too self-evident to be disregarded and furthermore, it must be admitted that it is possible to have a coincidental associa-

tion of syphilis and dementia praecox. At the Connecticut Hospital for the Insane a considerable percentage of dementia praecox cases have positive blood Wassermann, the spinal fluid in every case, however, being negative. A conservative attitude upon the question of the relationship between lues and dementia praecox would seem to be proper at present, especially in view of the usually negative serological and autopsy findings.

A prognostic consideration of the psychiatric conditions associated with syphilis will result in a variety of conclusions. Although the newer treatments such as medication through the spinal canal or brain puncture have been heralded by enthusiasts as means of effecting actual cures in general paralysis, yet the widely spread and deeply seated infection in genuine cases, as already shown, must preclude anything beyond a certain amount of arrest of further progress of the disease. At least some of the marvelous results of treatment reported may be accounted for by the occurrence of unusually marked remissions or by faulty diagnosis. Such a viewpoint, necessary and valuable as a general proposition, should not, however, prevent further and continued efforts to devise effective therapeutic measures in paresis.

In the several forms of cerebral syphilis, on the other hand, the process being of more recent origin and more superficial, prompt and vigorous remedial measures should meet with decidedly favorable results. The same is true to a certain extent in the case of the so-called syphilitic psychoses already mentioned.

In view of the importance of syphilis as an etiological factor in mental disease and the frequency with which this occurs, the necessity for preventing the spread of the infection should be apparent.

There should be some means of insuring the thorough treatment of every case of syphilis. Although radical, there is probably no better way than by making syphilis a reportable disease, the patient being isolated and treated as a contagious case under the direction of the Board of Health until all danger has passed.

Community, institutional and other Wassermann surveys with prompt treatment of those indicated, cannot be conducted too frequently.

Prostitution, so closely connected as the chief means whereby the infection is spread, is too broad and difficult a question for present discussion, but certainly regulation of some sort (preferably suppression) is necessary.

Much may be accomplished in the way of prophylaxis by the enlightenment of the public. Fortunately one may speak more frankly than some years ago upon such subjects of concern to the general welfare. Although laws requiring certificates of health based upon Wassermann tests of the blood and other regulations as to marriage have so far seemed impracticable, yet by means of public lectures, instruction in the schools and advice otherwise given, such a general sentiment should be created that those contemplating matrimony would be constrained to seek a clean bill of health.

Every young person by the time the critical period is reached, should be informed as to the principles of hygiene, the dangers of promiscuous sexual activity, the virtue and possibility of continence, the menace of disease and its far-reaching consequences. That this is a difficult task and one to be intrusted only to selected and qualified instructors is acknowledged, but this should not deter nor excuse educational authorities from assuming the responsibility.

With the war preparations and the gathering together of hundreds of thousands of the vigorous young men, the nation has assumed, to a degree hitherto unknown, the safe-guarding of the general health and morals. An unusual opportunity for uplift work is at hand and, among the various propaganda for public welfare, no means available should be neglected in the effort to prevent the spread of venereal disease and its evil consequences.

PROGRAMS OF COUNTY
MEETINGS.

Programs of County Meetings.

FAIRFIELD COUNTY.

Danbury, October 9, 1917.

VICE-PRESIDENT'S ADDRESS: Dr. F. I. Nettleton.

ADDRESS by a Representative of the State Committee on National Defense,
Medical Section.

PAPERS:

- (a) The Nervous System in Disease.
 - (b) What the Mind Does to Our Bodies.
 - (c) Disease Scapegoats and their Meaning.
 - (d) Bodily Disease as a Mental Compensating Device. Dr. Smith Ely Jelliffe, New York City.
- The State Department of Health in Relation to War Problems. Dr. John T. Black.

Bridgeport, April 9, 1918.

PRESIDENT'S ADDRESS: Dr. F. M. Tukey.

PAPERS:

- Chronic Tetany in the Adult. Dr. C. E. Hyde.
Discussion opened by Dr. William T. Godfrey, Stamford.
- A Week at the Clinical Congress. Dr. George R. Hertzberg, Stamford.
Discussion opened by Dr. John W. Avery, Stamford.
- The Mind in Medicine. Dr. Smith Ely Jelliffe, New York City.
Discussion opened by Dr. F. H. Barnes, Stamford.

HARTFORD COUNTY.

Hartford, October 23, 1917.

ADDRESS by a Representative of the State Committee on National Defense,
Medical Section.

PAPERS:

- Persistent Thymus Gland in Childhood. Dr. Howard W. Brayton.
Discussion opened by Dr. Walter G. Murphy and Dr. Charles A. Goodrich.
- The Use of Astragalectomy for the Correction of certain Deformities following Poliomyelitis. Dr. Joseph F. O'Brien.
Discussion opened by Dr. Joseph E. Root and Dr. Paul P. Swett.
- Main Clinical Syndromes due to Disturbances of the Glands of Internal Secretion. Dr. Lewellys F. Barker.

State Tuberculosis Sanatorium, Newington, April 2, 1918.

PAPERS:

(a) Bacteriological Studies in Haemoptysis.

(b) Presentation of Cases of Heliotherapy. Dr. Joseph E. Strobel.
Blood Pressure in Tuberculosis. Dr. J. B. Dinnan.

PRESIDENT'S ADDRESS: Dr. John L. Bridge.

LITCHFIELD COUNTY.

Torrington, October 2, 1917.

PAPERS:

Some Observations on Intra-muscular Treatment of Lues. Dr. H. B. Chapin.

A Case of Lateral Sclerosis. Dr. F. A. Weed.

Sacro-iliac Slip. Dr. H. B. Hanchett.

ADDRESS by a Representative of the State Committee of National Defense,
Medical Section.Further Clinical Experiences with Corpus Luteum Organotherapy with
special reference to the Aqueous Extract. Dr. W. T. Dannreuther,
New York.

Disordered Digestion of Childhood. Dr. H. W. Brayton.

Winsted, April 23, 1918.

PRESIDENT'S ADDRESS: Dr. D. D. Reidy.

PAPERS:

It Interested Me. (Two minute papers by the following members):
Dr. J. G. Adam, Dr. C. H. Carlin, Dr. C. F. English, Dr. R. S. Goodwin,
Dr. J. D. Hartnett, Dr. W. C. Kennedy, Dr. J. H. Kane, Dr. L. D. Neary,
Dr. W. S. Richards, Dr. C. N. Stevens, Dr. J. J. Tynan, Dr. T. L. Thomson.

MIDDLESEX COUNTY.

Saybrook Point, October 11, 1917.

ADDRESS by President of the State Society. Dr. Edward K. Root.

ADDRESS by the Chairman of the Committee of Hygiene and Sanitation
of the State Committee of National Defense. Dr. C. C. Godfrey.

PAPERS:

Some Contributions from War to Civilian Surgery. Dr. John E. Loveland.

Report of Cases. Dr. James T. Mitchell.

Some Lessons that the War is Teaching. Dr. H. Edwin Lewis, New
York City.

Middletown, April 11, 1918.

PAPERS:

A Review of Dr. W. W. Keen's "Medical Research and Human Welfare." Dr. Kate C. Mead.

The Care of the Wounded in the Present War. Dr. J. W. Churchman.
Report of Cases.

NEW HAVEN COUNTY.

Waterbury, October 25, 1917.

PRESIDENT'S ADDRESS: Dr. F. G. Graves.

ADDRESS by a Representative of the State Committee of National Defense,
Medical Section.

PAPERS:

The Dermatitis of the Sterno-Clavicular Triangle. Dr. John E. Lane.
Discussion opened by Dr. T. M. Bull.

The False Appendix Abscess. Dr. M. J. Lawlor.

Discussion opened by Dr. N. A. Pomeroy and Dr. Francis H. Reilly.

Tooth Infection. Cases. Dr. O. T. Osborne.

Discussion opened by Dr. F. J. Erbe and Dr. C. J. Foote.

New Haven, April 25, 1918.

PAPERS:

Trench Fever. Dr. Wilder Tileston.

The War Menace of Pellagra. Dr. Thomas M. Bull.

Shell Shock. Dr. Allan R. Diefendorf.

Discussion opened by Dr. Max Mailhouse.

The Carrel-Dakin Treatment. Dr. Ernest H. Arnold.

Discussion opened by Dr. E. W. Smith and Dr. Clyde L. Deming.

Gas Gangrene. Dr. John W. Churchman.

Discussion opened by Dr. Michael J. Lawlor.

NEW LONDON COUNTY.

Norwich, October 4, 1917.

ADDRESS by a Representative of the State Committee of National Defense,
Medical Section.

PAPERS:

Paper (title unannounced). Dr. H. M. Lee.

Voluntary Papers and Report of Cases.

New London, April 4, 1918.

PAPERS:

Drug Addictions and their Treatment. Dr. Chas. B. Towne, New
York City.

Voluntary Papers.

TOLLAND COUNTY.

Stafford Springs, October 16, 1917.

ADDRESS by a Representative of the State Committee of National Defense,
Medical Section.

PAPERS:

Methods of Reducing Infant Mortality Especially from the View-Point
of Welfare Work in this Vicinity. Dr. H. L. F. Locke.

Medical Inspection of School Children. Dr. Wright B. Bean.

Voluntary Papers.

Rockville, April 19, 1918.

PAPERS:

Prevention of Contagious Diseases. Dr. Harry L. F. Locke.

The Value of Cystoscopy as an aid to Diagnosis. Dr. R. J. Boyle.

Voluntary Papers.

WINDHAM COUNTY.

Willimantic, October 18, 1917.

(In conjunction with the Tenth Semi-Annual Meeting of the Connecticut
State Medical Society together with the Connecticut Society of Social
Hygiene and the Connecticut Society for Mental Hygiene.)

ADDRESS OF WELCOME: Dr. Ernest R. Pike.

RESPONSES TO ADDRESS OF WELCOME:

For the Connecticut State Medical Society. Dr. Edward K. Root.

For the Connecticut Society of Social Hygiene. Dr. Thomas N. Hepburn.

For the Connecticut Society for Mental Hygiene. Dr. W. N. Thompson.

PAPERS:

Early Syphilis as a Public Health Problem. Dr. Walter J. Heimann,
Adjunct Professor of Dermatology, New York Post Graduate Medical
School and Hospital, New York.

The Problem of Venereal Diseases in its Relation to Penal Institutions.
· Dr. Edith R. Spaulding, Director of the Psychopathic Hospital of the
Laboratory of Social Hygiene, Bedford Hills, New York.

Syphilis in its Relation to Mental Disease. Dr. William C. Sandy,
Assistant Superintendent of the Connecticut Hospital for the Insane,
Middletown.

Willimantic, April 18, 1918.

PAPERS:

The Sanitary Code. Dr. John T. Black.

The Duties of Medical Examiners. Mr. Arthur G. Bill.

The Physical Examination of Drafted Men. Dr. J. B. Kent, Dr. C. E.
Simonds.

OBITUARIES.

Jerome S. Bissell, M.D., Torrington.

ABRAM J. BARKER, M.D., TORRINGTON.

Jerome S. Bissell was born at Washington, Conn., on June 20, 1869, and was educated at the Gunnery School, Washington, Conn.; The Connecticut Literary Institute, Suffield, Conn.; Colgate University, Hamilton, N. Y., and Yale Medical School, where he graduated in 1894.

He began practice in Woodbury, Conn., and married Miss Susie Waugh the same year. They had one child, Marjorie.

In 1896 he moved to Torrington, Conn., where he built up a large and lucrative practice.

Dr. Bissell died September 13, 1917, leaving a wife and daughter and a host of friends and patients who mourn his loss.

Dr. Bissell was prominent in Masonic circles and other fraternal organizations, and was a skillful and successful practitioner of medicine.

Patrick Joseph Cassidy, M.D., Norwich.

L. F. LA PIERRE, M.D., NORWICH.

Dr. Patrick Joseph Cassidy died in Norwich, Conn., his native town, January 28, 1918, after an illness of four years. He was born July 6, 1874, and was the oldest son of Dr. Patrick Cassidy. He spent his childhood in Norwich and as a child showed remarkable ability as a student, entering the Norwich Free Academy when very young. Graduating from the Norwich Free Academy, he entered Yale College, graduating in 1894. During his college course he became interested in athletics and was coxswain of the varsity crew. After his graduation from college, medicine, the profession of his father, became his chosen study for life. He graduated from Johns Hopkins University in 1898. Following his graduation he became interne in the W. W. Backus Hospital.

He began the practice of medicine in New London, and on February 12, 1901, married Jane Elizabeth Hall. While in New London he was on the visiting staff of the Memorial Hospital. In 1906 he removed to Norwich, where he remained and continued in practice until his death. His interest in education, general as well as medical, continued until his death. He was a member of the City and County Medical Associations, the Connecticut State Medical Society, and the American Medical Association. During the later years of his life he was a member of the Norwich Board of Education. He was much interested in the Medical Associations and Societies, faithful in his attendance and in fulfilling his obligations to them. He was, at the time of his death, councillor for the New London County Medical Association.

Shortly after entering practice in Norwich he was appointed on the visiting staff of the W. W. Backus Hospital, and at the time of his death was visiting surgeon and pathologist.

His death, coming in the prime of life, is keenly felt by this institution and by the profession.

His wife and two daughters, Jane Margaret and Patricia, survive him.

Caroline Root Conkey, M.D., Waterbury.

WALTER L. BARBER, M.D., WATERBURY.

Doctor Caroline R. Conkey, for thirty years, practiced her calling in Waterbury, and nearly all of that long period she was connected with the Waterbury Hospital. Her interest never lagged in this charity. Her service to it was always full of self-devotion, ardor and painstaking effort. The loyalty displayed towards this institution was the more marked because, naturally, she was often most embarrassed and, I am sorry to state, highly criticised by envious male co-laborers.

Caroline R. Conkey was the daughter of Joseph and Ann Root and was born in Greenwich Village, Mass., July 8, 1850. She married, when very young, Henry Conkey of Springfield, Mass., and in that city they resided for a short time. Not long after her marriage she began the study of medicine, and graduated from the Woman's Medical College of the New York Infirmary in 1882. The next year she began the practice of her profession in Watertown, N. Y.

In 1887 she settled in Waterbury, and from that time until her death she resided there, and succeeded in attaining a high standing in her profession. She died of Bright's Disease, at the Waterbury Hospital, February 24, 1917, after an illness of two weeks.

Doctor Conkey had been a member of the County and State Societies. In resigning, a few years ago, she gave as a reason for so doing that she had never been invited to prepare a paper, or participate in the proceedings.

In her private practice Dr. Conkey's skill lay in her knowledge of diagnosis and treatment, winning for her the love and esteem of her many patients. Personally she was most loyal, and few persons have had warmer or more attached friends. She was possessed of a kindly, sensitive spirit, and her feelings were quickly

excited, and often warmly expressed, in resenting unkindness of, or doubt of, her judgment. In conversation she was always interesting, had a quick mind, and was a thorough student, which factors, together with a genial manner, highly optimistic view-point, and strong perceptive powers, won her success, and made for her many sterling friends who now mourn her death.

Henry Fleischner, M.D., New Haven.

ALFRED G. NADLER, M.D., NEW HAVEN.

Those of us who were privileged to be called intimate associates of the late Dr. Henry Fleischner know that we "Ne'er shall look upon his like again," partly because his was a phenomenal mind for any period and partly because the present era is not productive of his type of man.

He was born in the Austro-Hungarian town of Marienbad on June 24th, 1845, and here he returned to spend his sixty-second birthday, to live again in retrospect the days of his childish associations with his mother, who was his youthful idol and the object of his most devoted care so long as she lived.

Very few have had a realizing sense that for all things that touched him deeply in life, Dr. Fleischner entertained a most acute sentiment.

His father was an austere, autocratic Jew of the old school, whose idea of a liberal education consisted in an ability to speak with fluency the Hebrew language and to acquire an exhaustive knowledge of the Talmud. A teacher in the land of his birth, he came with his family to this country in 1854 and, settling in New Haven, became identified with one of the ritualistic rites of his orthodox faith.

It seems probable that in such an atmosphere, childish repression and reticence crystallized into the extreme reserve of the man of later years.

As a youth, Dr. Fleischner attended the Lancasterian School, but a financial stringency in the family exchequer terminated his schooling, and from that period up to the time of his entrance into the Medical School he was entirely self-educated.

During the interim he spent some time in Columbus, Ga., New York City, and New Brunswick, N. J. After his return to New Haven he was associated with his brother in a confectionery business.

An eager mind coupled with a remarkably retentive memory and an indomitable determination to succeed fitted him to enter the Yale Medical School in 1876, from which he graduated in January, 1878.

He had, many years previously, attended Dr. Jonathan Knight's lectures on Anatomy and Surgery.

He opened his first consulting room on Congress Avenue, later removing to Grand Avenue, where he remained professionally up to the time of his death on January 20th, 1918.

On January 3d, 1882, he married Miss Sarah Duffy, who, together with an adopted daughter, the wife of Dr. Charles E. Sanford, survive him.

Dr. Fleischner was a member of the New Haven Medical Association, the New Haven County and Connecticut State Medical Societies, and the American Medical Association. He always maintained a lively interest in the affairs of these societies and his active participation at the meetings afforded a stimulating inspiration to his fellow members.

Soon after his entrance into practice he was appointed an attending physician to the New Haven Hospital, serving on its staff from 1881 to 1899.

He was one of the organizers of the New Haven Dispensary, serving first as attending physician and later as dermatologist. In 1902 he retired from active service and was appointed consulting physician.

He was lecturer in the Yale Medical School on Foods and Poisons in 1880 and 1881, and lecturer on Dermatology from 1882 to 1898.

From the time of its organization in 1909 until his death, he was attending physician at the Hospital of St. Raphael.

From February 1st, 1893, until February 1st, 1909, he was a member of the Board of Health of New Haven, acting for the majority of the sixteen years as its presiding officer.

He was a persistent advocate of more advanced measures in sanitation, urged the necessity for a municipal contagious disease hospital, the establishment of a bacteriological laboratory and other allied reforms little considered at that period but now

accepted as necessities by all well-ordered communities of any size.

An omnivorous reader, a profound thinker of the independent type, a man of rugged honesty of mind, which governed all his purposes, direct to the verge of brusqueness, of broad information concerning the world of things and ideas, of wide experience, our profession in his death has lost an able member and the poor a wise councilor and unfailing friend.

Eli Percival Flint, M.D., Rockville.

WILLIAM L. HIGGINS, M.D., SOUTH COVENTRY.

On January 31, 1918, Dr. Eli Percival Flint died at his home in Rockville, of pleuro-pneumonia, after a short illness of five days.

Dr. Flint was born in Coventry, Conn., December 31, 1849. He received his preliminary education at Brookdale Academy, Coventry; the Natchaug High School, Willimantic; and East Greenwich Seminary, R. I.

His medical course was taken at Yale where he graduated in 1879, being secretary of his class.

He practiced for a short time in Mansfield, then removed to South Coventry, where he remained about twelve years and built up a large and successful practice.

While at South Coventry he endeared himself to all with whom he came in contact.

He not only rode day and night to cover his large medical field but he found time also to devote himself to a considerable extent to public affairs, serving in many capacities in school, church and town as an efficient official.

In September, 1891, hoping to escape some of the long country drives and severe night work he removed to Rockville, where his native talents, experience and ability were soon recognized, and his name was added to the list of successful practitioners of that city.

He was fond of his books and spent his spare time reading, and in studying his cases.

Having begun his practice in the days when trained nurses were not very common he early acquired a habit of devoting considerable time to each patient and fulfilling some of the functions of nurse, a practice which he never entirely abandoned.

The Doctor was full of dry wit and humor and brought cheer and hope to every bedside.

He was especially faithful to the Tolland County Medical Association, of which he was one of the oldest members, seldom

if ever missing either an annual or semi-annual meeting. While modest and retiring, and never pushing himself for preferment, he had held every office within the gift of the Association, and at his death he had been its Secretary and Treasurer for more than a dozen years.

He was also a member of the American Medical Association, and the Connecticut State Medical Society, serving the latter many years on the Committee on Public Policy and Legislation; was also Vice-President of the State Society one year.

He had been a Medical Examiner for the Coroner, and was Health Officer for Vernon, a member and Deacon of the Union Congregational Church, and affiliated with several fraternal societies including the Masons, Ancient Order of United Workmen, Royal Arcanum, I. O. H. and Sons of St. George.

On June 29, 1873, Dr. Flint married Miss Rose E. Isham of Tolland, who survives him. He also leaves three daughters, Mrs. Jessie Smith of Orchards, Washington; Mrs. Eva Eastwood of Portland, Oregon; and Miss Grace E. Flint of Rockville.

William S. Gillam, M.D., Manchester.

W. R. TINKER, M.D., MANCHESTER.

Dr. William S. Gillam was born in Philadelphia, Pa., August 30, 1859, of a good old Quaker family, his father being a Quaker minister of good old Pennsylvania stock, and the doctor maintained his standing in the Society of Friends until his death, which occurred July 21, 1917. He obtained his early education in the schools of Philadelphia and was graduated from the Medical department of the University of Pennsylvania in 1888. After traveling one year abroad he associated himself with the Redding Hospital, near Philadelphia, for one year, then with the Kirkbride Hospital for the Insane at Philadelphia for six months, then with the Pennsylvania Hospital at Philadelphia for two years, after which he associated himself with Dr. Joseph R. Smith of Langhorne, Pa., with whom he practiced for two years before coming to Manchester, Conn., where he practiced until the time of his death.

Doctor Gillam was of an unusually sunny disposition, and he made and kept friends, and at the time of his death he enjoyed a good practice and was highly respected by all.

When he came to Manchester he associated himself with Cheney Brothers and did a large part of the surgery in connection with their extensive silk mills of that town. He was a member of the Manchester Medical Association, Hartford County Medical Society, Connecticut State Society and the American Medical Association. He was a Mason, an Odd Fellow and a member of numerous other fraternal societies; also he held the position of Post Surgeon in Manchester.

He is survived by his wife, Fannie Richmond Gillam, and one son, also one brother and two sisters.

Henry Edward Hungerford, M.D., Waterbury.

EDMUND SPICER, M.D., WATERBURY.

Lieut. Henry E. Hungerford was born in Bristol, Conn., on November 3, 1872.

He attended the public schools of Bristol, graduating from the Bristol High School. In 1893 he entered Carlton College, Northfield, Minn., but after about a year's attendance was stricken with an attack of typhoid fever, following the recovery from which he entered the Medical Department of Yale University, graduating in the Class of 1898.

In the fall of the same year Lieut. Hungerford located in South Waterbury, moving to Waterbury in 1901, where he continued to practice until the time of his death.

He was a member of the Waterbury Medical Association, the County and State Associations, and the American Medical Association.

He was assistant physician to the Waterbury Hospital and served on the Board of Health during Mayor Reeves' administration. He was a member of Harmony Lodge, No. 42, F. & A. M., of Townsend Lodge, I. O. O. F., of the Elks Club, and the Knights of Maccabees.

Lieutenant Hungerford was among the first of the Waterbury medical men to offer his services to his country. His commission was dated August 11, 1917, and he received orders January 9, 1918, to report to Camp Greenleaf, Oglethorpe, Ga., January 17, 1918. He reported on time, and the following day started out on a six-mile hike with his company, but in spite of his plucky determination was forced to drop out, apparently having an acute dilatation of the heart, as his comrades noticed that his face was flushed, his lips cyanosed, and he was short of breath. Although excused from all drills, and contrary to the advice of his comrades, he refused to give up until ordered to do so by his superior officer on January 25th, when he was sent to the

hospital, and died February 1, 1918, from broncho-pneumonia and dilatation of the heart.

Lieutenant Hungerford was fully conscious of his physical shortcomings, as were his colleagues, but he believed the military training would be advantageous to him if he could stand the strain, and he went in with a grim determination to "make good."

He leaves an aged mother, a widow, Mrs. Charlotte Hungerford, and two sons, Evits and Rollo, to mourn his loss.

Kenneth E. Kellogg, M.D., New Britain.

A. E. ABRAMS, M.D., HARTFORD.

When the physician of three score years or more passes on to his reward we bow our hearts and heads in sadness, but feel the laws of nature have not been violated. When a physician in the prime of life and at the height of success and usefulness is torn from us by death we are filled with awe and consternation at this unnatural and awful tragedy. Such were the feelings of those who watched Dr. Kellogg during his last hours and when all seemed of no avail in the efforts to save his life.

Dr. Kellogg was a physician who made friends and acquired patients rapidly. His gentlemanly, genial manner and untiring devotion to those who came under his care combined with a fine medical training were the elements of his success.

Dr. Kenneth E. Kellogg was born in Hartford, April 1, 1874, and received his early education in the schools of that city. In preparation for his medical work he was graduated from the Medical Department of Columbia University. Later he studied at the Post Graduate School of New York, and in 1913 spent five months in Vienna doing special work on the eye, ear, nose and throat. With the exception of a short period of practice in New York, his whole medical life was spent in New Britain, where he soon acquired a large practice among the best families of that city. I have had many opportunities to observe the tender, affectionate and confident relations that existed between Dr. Kellogg and the families under his care. They always impressed me very much, and I can truly say many households in New Britain to-day mourn his loss as one of their own family. What his ideal was and what he tried to be are best given in his own words, taken from his address as retiring President of the New Britain Medical Society in 1905:

"Having faith, hope and charity, he adds to these wisdom. Watch him as he proceeds day by day fighting against many odds, battling against the questions of life and becoming more and more self-reliant. He enthusi-

astically, consistently and persistently strives until he is a successful and honored physician, who knows where he is right and when he is wrong. He becomes a man of scientific attainments and culture, with all the elements of character which become the man and the physician. Victories come to him, each one helping him to others; higher and higher he goes; obstacles serve as his stepping-stones until he reaches his goal with a wealth of mellowness of character, charity and broadmindedness. His retrospect indeed is a happy one, being remembered as he is by thousands upon thousands of good deeds done in the houses of pain, at the bedside or before the hearth of the lowly or the rich. The glory indeed is his heritage, not written in black and white on the pages of history, but far better, recorded in the warm and living souls of men."

William S. Kingsbury, M.D., Glastonbury.

H. B. RISING, M.D., SOUTH GLASTONBURY.

It is with sorrow and regret and a feeling of deep personal loss that I record these few facts about one who was a true friend to me.

"A friend is one who knows all about you and loves you just the same."

William Sanford Kingsbury, M.D., died April 9, 1917, of angina pectoris after only a few hours' illness. At 4 A. M. he went out on a call, returning home in about two hours and soon became ill. Feeling better towards noon, he had dinner, but later the attacks became more severe, and he died at 2 P. M.

Dr. Kingsbury was born in Glastonbury, Conn., September 17, 1867, the son of Dr. Daniel and Lucy M. (Cone) Kingsbury.

In 1898 he married Mary L. Raymond of Boston, Mass. They had two children: Elizabeth, aged 14 years, and Honor Prince, aged 10 years.

Dr. Kingsbury's early education was received in the Public Schools of Glastonbury, after which he attended the Hartford High School, from which he graduated. In 1891 he graduated from Trinity College, Hartford. The next school year he taught in Devoe College, near Niagara, N. Y. In 1893 he entered Yale Medical School and graduated in 1896. During the next year he was interne at St. John's Hospital, Lowell, Mass. For a few months he practiced in Winsted, Conn., coming to Glastonbury late in 1897, where he practiced till the day of his death; enjoying a lucrative practice and the confidence of the community, not alone in his profession, but in every respect.

He was a representative from Glastonbury in the Legislature of 1905, serving on the Committee of Public Health and Safety.

For several years he was a member of the Republican Town Committee. His politics were Republican till 1912 when he joined with the Progressives.

He was one of the first to enlist in the Home Guard and was appointed one of its examining surgeons.

He was a communicant of St. James' Episcopal Church, Glastonbury; serving seven years as a vestryman, and at one time as Junior Warden.

He was a member and former President of the Business Men's Association of Glastonbury, always taking an active part in its deliberations and serving on many important committees.

He was a member of the Hartford Medical Society, Hartford County and State Medical Societies, also of the American Medical Association.

He was a member of the Williams Memorial Building Association Governing Board and chairman of important committees.

In his professional work he was kind and considerate to all, doing much for which his only remuneration was the relieved smile of the suffering patient.

No more can be said than this: Dr. Kingsbury was a *man* in the truest meaning of the word.

Thomas J. Lally, M.D., Waterbury.

M. J. LAWLOR, M.D., WATERBURY.

On April 19, 1917, at the age of 43, Dr. Thomas John Lally answered to the call that knows no waiting.

Born at Pittsfield, Mass., in 1874, he received his preliminary education in the Pittsfield public schools, his collegiate training in Holy Cross College at Worcester, Mass., and was graduated from the Albany Medical School, with the degree of Doctor of Medicine, in 1899. After a course as interne at the Mothers and Babies Hospital in New York, he came to Waterbury and took up the practice of medicine, which he practiced successfully up to within a few months of his death. In August, 1901, he was married to Mary Elizabeth Rousseau of Springfield, Mass.

He was possessed of an attractive personality and appearance, easily making friends and keeping them. He possessed, also, that rare natural gift, invaluable to the physician, of instilling confidence in his patients. This, with no inconsiderable medical skill, was one of the causes of his early death, for in the faithful effort to answer the exacting calls of a large and ever-increasing practice, he brought on the nephritis and cardio-vascular condition, which was all too soon the cause of a great loss to his patients and a lasting grief to his friends.

Requiescat in pace.

Adelaide Lambert, M.D., New Haven.

W. P. LANG, M.D., NEW HAVEN.

Dr. Adelaide Lambert, New Haven's first woman physician, died December 5, 1917, after a lingering illness of ten months, from a small round-cell sarcoma of the left sub-maxillary gland. This was removed, but recurrence took place soon afterwards and despite a hard fight on her part she succumbed.

Dr. Lambert was born in Sharon, Conn., May 30, 1853, and there spent her early girlhood, coming later to New Haven, where she attended Miss Storer's School. Her medical education was secured at the Boston Medical School, from which institution she graduated in 1884. Shortly afterwards she came to this city and started active practice.

Women physicians were so little known in those days that she found it difficult to make rapid headway at first. But with characteristic perseverance, and a taking personality, she gradually overcame prejudice, and built up a large clientele that stayed with her as long as she was able to care for it.

Not being fond of social life, Dr. Lambert spent her spare time in study and attending clinics at the Post Graduate Hospital and Polyclinic in New York. Two years ago she took a course with Dr. Cabot in Boston. She was also fond of travel and made several European trips.

Dr. Lambert was a charter member of Grace Hospital, a lecturer to the nurses on pediatrics, and was an attending physician up to the time of her death.

It was through her efforts that a free dispensary was established at Christ Church on Broadway. To this she gave a great deal of time and attention, making the project the success it is to-day.

There are many friends who mourn her loss and have a pleasant memory of her well-spent life.

Omer LaRue, M.D., Putnam.

S. B. OVERLOCK, M.D., POMFRET.

Dr. Omer LaRue, one of the oldest members of this Society, died at his home in Putnam, Conn., December 28, 1917, in his sixty-ninth year. He was born in St. Denis, Quebec, and was descended from one of the oldest families in the Dominion of Canada. He obtained a classical education at the College of St. Hyacinthe, and was graduated in medicine at Victoria, Montreal, after a four years' course. Soon after graduating in medicine, he located in Putnam, and with the exception of a few months in Worcester, Mass., practiced his profession in Putnam during the rest of his life.

He was a man who took a constant interest in current events in his town, was always active in local politics and was prominent in the various organizations of the French-speaking people throughout the country. A polished and convincing speaker, and a presiding officer of ability, he was, during the course of several political campaigns, on the rostrum for his party, and first Vice-President of the National Democratic Convention at Chicago, in 1893. In the latter capacity he presided over the convention for five hours of turbulent debate. He was once nominated by his party for Congress, but failed of election only because the party was, at this time, in a decided minority in the district. In his home town he has been Selectman, Councilor, Health Officer, and member of the School Board, also member of various social organizations. He was a member of the Windham County Medical Society, of which he was President in 1898, also a member of the State Society and the American Medical Association.

As a physician, Dr. LaRue built up a large practice in Putnam and adjoining towns. This was not only among the French-speaking people but included many others beside. He was always ethical in his dealings with his fellows in the profession. One who had known him long and come frequently into intimate contact with him in practice has said of him: "If it ever appears

that there has been a transgression of medical etiquette where Dr. LaRue is concerned, be assured it is from some misunderstanding and not from intent." In these days of commercialism in everything, even in some instances in the medical profession, no higher praise than this can be given to any physician.

For years he had the largest obstetrical practice in the county and was, without doubt, the most skillful mechanical obstetrician in this section of the state. During all the active years of practice he was the chief consultant in this class of cases. He was also an authority on smallpox and was frequently called in consultation, in this and neighboring States during epidemics of this disease, where diagnosis was difficult and a particular case was in doubt. In addition to these special branches his worth as a general practitioner was well known to the public and fully recognized by his colleagues. As a consultant he aimed, as every consultant should aim, to be of benefit both to the patient and to the attending physician.

As a man he was friendly toward mankind and loved to mingle and come into contact with others. He made friends with his associates, whether in the profession, in business, or in social life. He had a true sense of humor and a keen appreciation of human foible and weakness. The ludicrous in incident and in the acts of others appealed to him strongly. On the other hand, his sympathies were broad and humane, his criticisms were rather analytical than harsh, and were not shown or expressed at the needless expense of another. At the same time he could show and express righteous indignation in regard to anything that he disapproved. Deeply loyal to friends and charitable toward others he, nevertheless, saw the failings of all, both that of individuals and of organizations.

His health had been impaired for a number of years preceding his death and he had in a degree curtailed his activities in practice in consequence. He well knew beforehand that his condition portended an inevitable result and was neither staggered nor dismayed at what he faced. May we all meet the last onslaught with as much equanimity!

Edward Bradbury Lyon, M.D., Hartford.

WALTER RALPH STEINER, M.D., HARTFORD.

Dr. Edwin Bradbury Lyon was born in Woodstock, Vt., on December 28, 1830. He was the son of Asa and Sabra (Skinner) Lyon, and was descended from the early settlers of that town. He received his early education at Woodstock Academy and Nichols Academy in Dudley. Before taking up the study of medicine he spent some years teaching in Woodstock, Milbury, Essex, Greenville and Ansonia, devoting most of his time to instruction in mathematics and the natural sciences. A severe attack of pneumonia terminated his career as a teacher, and on recovery he entered the Berkshire Medical School in Pittsfield, Mass., from which he was graduated three years later with the degree of M.D. Subsequently he spent two years teaching anatomy and surgery at his alma mater and practicing medicine, at the same time, in Palmer, Mass. In 1864 he entered the United States Medical Service as a surgeon in the Dale Hospital at Worcester. He remained there until the close of the war and then resumed his practice in Palmer. In February, 1868, upon the invitation of Mr. Charles Northend, he removed to New Britain, and shortly thereafter entered into partnership with Dr. B. N. Cummings. Here he enjoyed a large practice until an operation for a prostatic trouble, at the Hartford Hospital, in 1901, necessitated his retirement. Five years later he removed to Hartford and resided in the house he purchased at 205 Fern Street, until his death on April 12, 1917.

While in New Britain he was actively identified with the South Congregational Church, being a member of the Church Committee for thirty years and a teacher of a large class of young people in that Sunday school for a similarly long period. He was also interested in civic affairs and served on the New Britain School Board for fifteen years, and was a former chairman of the Board of Health; for twenty years he was Medical

Examiner at New Britain. He was a member of the Connecticut State Medical Society, the Hartford County Medical Association, and the Hartford Medical Society. For one year he had served as President of the Hartford County Medical Association. He was also surgeon for the New York, New Haven and Hartford Railroad, and the New England Railroad. For recreation he delighted to travel and visited California in 1895, Europe in 1896, and again in 1905 to 1906. He was a man of few words, loyal to his patients and friends, and of a most kindly nature. His interest in and assistance to young physicians in New Britain is still gratefully remembered by many of them.

He was married three times, and leaves his wife Susan (Wakefield) Lyon by his third marriage and one daughter, Mary Lyon Scofield, wife of Professor William H. Scofield of Harvard University.

Edward M. McCabe, M.D., New Haven.

STEPHEN J. MAHER, M.D., NEW HAVEN.

Twenty-five years ago, one of the busiest and happiest physicians in general practice in New Haven was the blue-eyed, blond-bearded, smiling young man that everybody knew as Doctor "Ed" McCabe. His office, on the corner of Columbus and Howard Avenue, was thronged mornings, afternoons and evenings.

And then, suddenly, to the surprise of his friends, he decided to devote himself to the specialty of the eye and ear. So earnestly and successfully did he pursue his new studies that in less than two years he received an appointment as assistant surgeon at the New York Eye and Ear Infirmary. Here he became a great favorite with the leading operators, and with the clientele of the institution.

He held this position until 1905, when the increasing demands for his services in New Haven made it impossible for him to keep up his New York work any longer. Besides, he had, in the meantime, accepted an appointment at the Yale Eye Clinic as instructor in Clinical Ophthalmology. From that time until his final sickness, he occupied, every year, a more and more important position in the medical activities of his city and state.

His private practice grew apace, and carried him into all parts of the State. He was head of the Eye and Ear Department of St. Raphael's Hospital for ten years. He consulted regularly with the attending physicians at St. Francis' Orphan Asylum, and the Home for the Aged. He was President of the New Haven Medical Association in 1908. Into all his later work he carried the same captivating cheerfulness that had made him so popular in his college course, and in his first years of practice. He was a prominent member of the Knights of Columbus, and of the Elks, and of the Knights of St. Patrick, and of St. Mary's Church. He was an able, high-minded physician, always quick

to help the poor, and always a generous giver of his time and influence to measures and movements in the public interest.

He was born in New Haven, December 12, 1863. His father, Edward McCabe, was the well-known Congress Avenue feed merchant. Dr. McCabe was a graduate of the New Haven High School, and of Manhattan College, New York. He secured his medical degree from Yale in 1887. He then served a two-year internship at St. Vincent's Hospital, New York City, and spent still another year at post-graduate work in Europe.

On March 2, 1897, he married Susan T. Sheehan of New York. She and four children, Marion Rose, Edward James, Walter Lawrence, and Martha, survive him.

In the fall of 1916, a streptococcus viridans infection, imposed on an attack of tonsilitis, incapacitated him, and finally on June 5, 1917, killed him. He bore the misery of his long, hopeless sickness as became the brave man and confident Christian that he was.

Everett J. McKnight, M.D., Hartford.

EDWARD R. LAMPSON, M.D., HARTFORD.

Dr. McKnight's death, which occurred early Christmas morning, from angina pectoris, came as a great shock to everyone, as but few knew he had been ailing for about three weeks. There is no doubt but that, to his already active life, the additional labors imposed upon him by his connection with the District Exemption Board and his frequent trips to Washington to attend the meetings there, as a member of the committee from the American Medical Association which met in connection with the National Council of Defense, hastened his death.

Dr. McKnight's forefathers came from Scotland, and his great-great-grandfather, after having been the postmaster of Hartford, eventually settled in Ellington, where Dr. McKnight's ancestors at one time or another lived.

Dr. McKnight was born at Ellington, June 12, 1855, his father being James Dixon McKnight and his mother, Mary Fidelia Thompson.

He was educated at Hall's Family School in Ellington and later at Hopkins Grammar School at New Haven, preparatory to entering Yale College. Here he was graduated in the Class of 1876. Among his classmates were many prominent men, all of whom were close, firm, personal friends—Arthur Twining Hadley, president of Yale University, Otto T. Bannard of New York City, Judge James Brooke Bill, Senator John Kean, Congressman Charles N. Fowler, Elmer P. Howe, and the late William Waldo Hyde, of Hartford.

During his college days he was prominent as a student, and in athletics, being almost the father of Yale football, and was instrumental in arranging the first game to be played between Harvard and Yale. In his sophomore year he was treasurer of the football club, secretary the next, and president his senior year.

After graduation he spent one year at the Yale Medical School, but obtained his degree from the College of Physicians and Sur-

geons in New York City, in 1879. He married Aletha Lindsley of Branford, on February 8, 1881. To them a daughter, Rachel, was born.

He settled in East Hartford and was in general practice there until 1893, when he removed to Hartford and took up surgery as a specialty, and became one of the leading surgeons of Connecticut.

For eighteen months he taught surgery in the Yale Medical School and in 1907 he received the degree of Master of Arts from Yale University.

For one year he was orthopedic surgeon to the Hartford Hospital and upon the death of Dr. Storrs in 1900 he was appointed a visiting surgeon, having previously served one year as Dr. Storrs' assistant. This position he filled until his death. He was consulting surgeon to the Hartford Orphan Asylum, the New Britain General Hospital, the Middlesex Hospital and the Johnson Memorial Hospital at Stafford Springs, Conn.

He at various times held all of the positions of honor and trust which it was possible for his fellow practitioners to give him—having been president of the Hartford County Medical Association, Connecticut State Medical Society and Hartford City Medical Society. For many years he had been a delegate from the Connecticut State Medical Society to the American Medical Association. For the past two years he was a trustee of the American Medical Association and was a member of the Committee of the American Medical Association to meet with the National Council of Defense.

As a member of the Committee of Public Policy and Legislation of this Society he was instrumental in securing good and preventing bad legislation in matters relating to public health. In this work he was systematic and untiring, and devoted much of his valuable time at great expense to himself during the period that the legislature was in session.

He was a member of numerous other social and professional clubs and societies.

Dr. McKnight was a man who always stood for what was right and true. His influence was felt and his judgment sought

in whatever deliberative body he might be, and personally by many of his professional brethren and friends. It is doubtful if any one among us will ever be loved by his patients as was Dr. McKnight. He was ever mindful of their best welfare and always willing to unselfishly sacrifice himself for their benefit.

Dr. McKnight was always very fond of his ancestral home, and about ten years before his death he built a summer home from the stones of his father's grist mill. Here he sought rest and recreation, and he loved the place dearly. He was fond of entertaining his friends and especially his medical friends in large and small parties there. We shall all carry pleasant memories of those delightful gatherings and dinners cooked over the coals by himself.

Matthew C. O'Connor, M.D., New Haven.

JOHN F. LUBY, M.D., NEW HAVEN.

Dr. Matthew Charles O'Connor was born in New York City, September 14, 1849. He was the son of Matthew O'Connor and Catherine Gowan.

He attended the Christian Brothers School and afterwards St. Francis Xavier's College. He received his B.A. in 1869, and immediately began the study of medicine at the College of Physicians and Surgeons, graduating in 1873.

He served as interne at St. Vincent's Hospital, West 11th Street, for one year, and then opened an office on East Broadway, where he practiced for a few years. In July, 1877, he came to New Haven and located on Grand Avenue. Here he built up a very large practice, especially in obstetrics, in which he was very successful. He undoubtedly had the largest obstetrical practice in the city, until the last five years, when he began to give up night work.

Dr. O'Connor was very conscientious in the treatment of his patients and very sympathetic in the sick room. He was a genial companion and exceedingly generous of his time and knowledge. He was fond of society and amusements, and was quite a traveler. Every year he spent his vacation visiting different parts of the country, and made several trips to Europe.

He was attending physician to St. Francis' Orphan Asylum for very nearly forty years. He had been consulting physician to St. Raphael's Hospital since its opening. He was president of the first committee and one of the founders of the institution. He was a member of the A. M. A., of the Connecticut Medical Society, and of the New Haven Medical Association, of which he was president some years ago.

He was one of the founders of the Knights of Columbus and was Supreme Medical Examiner for many years. He was Com-

missioner of the Board of Health for five years, and was always greatly interested in sanitation.

He died April 29, 1917, of cerebral hemorrhage and chronic diffuse nephritis. Interment was in Calvary Cemetery, Brooklyn, N. Y.

He left one brother, Joseph O'Connor, and one sister, Miss Mary O'Connor, both of this city.

Anthony Peck, M.D., Norwich.

L. F. LA PIERRE, M.D., NORWICH.

Dr. Anthony Peck died in Norwich, April 3, 1916, and by his death the City and County Associations and the Conn. State Society lost a member faithful in his attendance and obligation throughout his life. He was born October 24, 1848, in Deansville, New York. He received his college education at Hamilton College, graduating in 1872, his medical education from New York University, graduating in 1875. Following his graduation he became an interne in Bellevue Hospital for two years, after which he came to Norwich, Conn., and began the practice of medicine.

In October, 1880, he married Ida Geddes Reynolds who with two daughters survive him. Dr. Peck was a Visiting Physician of the first staff of the W. W. Backus Hospital, and held this position until he gave up the general practice of medicine and became a specialist upon the eye, ear, nose and throat at which time he was transferred to this department and was in charge of it at the time of his death.

He was a member of the Park Congregational Church, much interested in church affairs and faithful in his attendance.

During his long membership in the local Medical Association, he seldom was absent. He was our most faithful member and is keenly missed.

Frederic Powers, M.D., Westport.

FREDERICK D. RULAND, M.D., WESTPORT.

Frederic Powers was born May 15, 1842, at Amenia, Dutchess County, N. Y., and died at Westport, Conn., January 12, 1918. The final summons came suddenly and was due to cerebral hemorrhage.

He was of New England ancestry, the son of Charles Wesley Powers and Jane Ann Benjamin, the latter a granddaughter of Elijah Park of Amenia, N. Y., who was a lieutenant in the New York Militia during the Revolution, and a descendant in the sixth generation of Robert Park, who came to Massachusetts in 1630 as secretary to Governor Winthrop and was afterwards a member of the General Court and prominent in Colonial affairs of both Massachusetts and Connecticut.

Dr. Powers's boyhood was spent on the ancestral farm at Amenia, N. Y., where he attended the public schools and the Amenia Seminary. In accordance with the requirements of that period, he began the study of medicine with a preceptor, Dr. William W. Knight of Sharon, Conn., and subsequently matriculated at the College of Physicians and Surgeons of New York (the Medical Department of Columbia College), where he became a pupil of the late Dr. Henry B. Sands. He graduated from this institution in 1870 and began the practice of his profession in Sharon, remaining until March, 1875, when he removed to Westport, Conn., and there conducted a successful practice until the time of his death.

On February 21, 1875, he was married to Miss Helena Wike of Sharon, who still survives him. They had no children.

Dr. Powers was, for many years, Health Officer and Medical Examiner for the town of Westport, was a member of the Alumni Association of the College of Physicians and Surgeons of New York, the American Medical Association, and the Connecticut State and Fairfield County Societies.

Dr. Powers was a respected citizen of the community in which he lived; although a staunch Republican, he never sought office nor took an active part in politics. A gentleman of the "Old School," modest and unassuming. A practical, well-read physician, who loved his profession and was faithful and conscientious in the performance of all his duties. A man of clear intellect, high ideals of honor and justice, he hated shams of all kinds; deception and equivocation were his special abhorrence. His tastes were refined and scholarly; he was particularly fond of the beautiful in nature, good music and poetry.

He was an ardent sportsman and deeply interested in the propagation, welfare and protection of birds and wild animals. Upon this subject he contributed many articles to the newspapers and periodicals. Through his personal efforts, and often at his own expense, our brooks were stocked with trout and game birds were liberated in the fields and woods.

He was the author of an act prohibiting the shooting of grey squirrels in the fire district of our village.

The writer enjoyed his confidence and personal friendship for more than twenty-five years, and it is with a feeling of personal loss that he assumes the sad duty of recording this tribute to his many good qualities.

By his death the medical profession loses an able worker, his intimate associates a warm, outspoken friend, and the community a useful citizen.

Frederick Rogers, M.D., Willimantic.

F. E. GUILD, M.D., WINDHAM.

Dr. Frederick Rogers was born in Norwich Town, December 16, 1835, the son of Elisha and Eunice (Chesbrough) Rogers. He was the sixth of a family of seven children.

His education was begun in the country school; later he attended Professor Camp's preparatory school at Norwich, Conn.

At twenty-two years of age he decided to follow the medical profession and, as was customary, studied with Dr. Harvey Lathrope of Norwich Town. This was at the time of the Civil War and when Dr. Lathrope responded to the call for surgeons young Rogers went to New York to continue his studies at the University Medical College of New York, graduating in the year 1863.

On December 25, 1862, just before he graduated as a physician, he married Miss Sarah C. Smith of Montville, Conn. Dr. Rogers came to Willimantic in April, 1863. He practiced medicine for two years, but finding that his health was becoming impaired, he, with Theodore Robinson, bought out the drug store owned by Nathan F. Peck. In August, 1866, Dr. Rogers bought out his partner's interest in the business. For fifty-two years he devoted himself to his business as a druggist and physician.

He was a devoted member of the Baptist Church, and also a member of the Masonic Fraternity, and a Son of the American Revolution.

In February, 1916, Dr. Rogers fell on the ice and broke his arm, and after that his eighty years showed in his lessening vitality.

March, 1917, he sold his drug store, and from that time on he grew very feeble. While crossing Main Street on the afternoon of May 19, he was struck by an automobile. The shock was too great for his already feeble condition and he passed away June 1, 1917, in his eighty-first year.

He was a man of strict integrity and enjoyed the confidence and respect of all who knew him, whether in his professional or social relations.

Alfred Herbert Tanner, M.D., Brooklyn.

W. A. TANNER, M.D., BROOKLYN.

Dr. Alfred H. Tanner was called to rest and his reward very suddenly on March 22, 1918. The funeral service was conducted by the Masons.

He was born in Voluntown, Conn., April 7, 1852. After receiving his degree in medicine from Bellevue, in 1874, he was connected with Dr. Gay in Jewett City, Conn., for two years. He then located in Canterbury, Conn., and after practicing there for two years he moved to Brooklyn, Conn., where he practiced up to the time of his death. He was Medical Examiner for several insurance companies; Health Officer for many years, a member of various lodges, and a member of the County and State Medical Societies.

For several years he had been afflicted with angina pectoris and diabetes mellitus—suffering in silence, and seldom complaining even to his own family. During the past winter he became quite feeble, but continued to work right up to the end, as his failing strength would allow him.

His whole life may be summed up in these few but expressive words—"he gave his life for others."

Andrew W. Tracy, M.D., Meriden.

E. T. BRADSTREET, M.D., MERIDEN.

Dr. Andrew W. Tracy died in Meriden, Conn., on December 10, 1917, after suffering for several months from malignant disease of his throat. He was born in Ireland in 1846, and came with his parents to America when he was three years old.

His early education was in the schools of Island Pond, N. H., where his parents settled, and later he began studies at the Sulpician College of Montreal, having planned to enter the priesthood. After some years there he changed his choice of a profession and studied medicine, and received his medical degree, at the Medical School of McGill University.

Soon after his graduation he began the practice of medicine in Meriden, and continued thereat up to his disabling and fatal illness.

He married Miss Ellen Broderick of Willimantic, and was blessed with a daughter, whom he idolized. After a few years of home-happiness his wife died, and a few years later his daughter died. Being left so much alone, he devoted much of his time to the public life of Meriden, and served several years on the School Committee and in the Common Council. He enjoyed a term as Mayor of the city of Meriden.

He was largely influential in extending the Knights of Columbus, which had its origin in Connecticut, from one local council to a country-wide and powerful organization, and was its first Supreme Medical Examiner.

Dr. Tracy practiced medicine in the same community for over forty years, and it is impossible to portray the full significance of his busy and useful life. Many years ago he reported his one thousandth case of childbirth, and this index of his activities proves the largeness of his field of influence.

He was much to many people. He was educated in the tenets of the church and a devout adherent of religion, and could well

instill correct principles of living and thinking in the homes where he ministered to physical ills. He could encourage and rebuke, and sympathize. He was conservative, self-reliant, sociable, and fond of an argument. A strong man in physique, he was also strong in faith, loyal to his friends, his party, and profession, and courageous in trial, even in the crucial trial of his final suffering.

Henry George Varno, M.D., Thompsonville.

MICHAEL JOSEPH DOWD, M.D., THOMPSONVILLE.

Dr. Henry George Varno died at his home in Thompsonville, Conn., November 18, 1916. Dr. Varno was 66 years old, having been born May 23, 1850, in St. Julie, P. Q., Canada, a son of John Baptiste Varno and Ursula Blain.

On his paternal side he was descended from one of the pioneers of Quebec, while on his maternal side he was a descendant of the McLeods and Mortons of Glasgow, Scotland, who were also pioneers of the Province of Quebec.

Dr. Varno spent the first thirteen years of his life in Canada, after which he received his schooling in Burlington, Vt., and Champlain, N. Y.

He located in Adams, Mass., in 1876, where he was employed as a clerk in a general store, and during this time he began the study of medicine.

He entered the College of Physicians and Surgeons in Baltimore, Md., in 1879, and was graduated in March, 1882. After his graduation he came to Thompsonville and opened an office, and was on all sides a physician of ability.

In politics he was an ardent Democrat and always took active interest in the affairs of the community. In 1894 he served as a Member of the Board of Assessors and also as Justice of the Peace for four years, and on the Board of Education for one year.

Dr. Varno was twice married; his first wife being Emeline M. Lobdell of Adams, Mass., to whom he was married February 8, 1869, and whose death occurred November 14, 1914. He married for his second wife, January 10, 1916, Miss Bessie Woodhouse of Montreal, who survives him, together with two children by his first marriage, two sisters and six brothers.

In his death, not only Thompsonville, but the County and the State lose a useful and upright citizen, and the Medical Society an esteemed member.

Frederick M. Wilson, M.D., Bridgeport.

DORLAND SMITH, M.D., BRIDGEPORT.

Dr. Frederick Morse Wilson was born December 8, 1850, at Hebron, Maine. He was the son of the Rev. Adam Wilson, called by his Baptist contemporaries "The Peace Maker," and Sally H. Ricker Wilson, an extremely able and forceful woman, who, when nearly eighty years of age, was able to accompany her son on his first trip to Europe.

Dr. Wilson prepared for college at the Coburn Classical Institute, and during his student days was very fond of hunting and fishing, and became an expert canoeman. At Colby, where he took his A.B. in 1871, he was known to the townspeople as "The Student with the Dog," on account of the magnificent greyhound which was his constant companion.

In 1875 he graduated from Harvard Medical School, where he sat under Oliver Wendell Holmes, and later was assistant to Dr. Bigelow in the Massachusetts General Hospital in his stone crushing operations with the lithotrite.

Dr. Wilson entered general practice at Waterville, Maine, in 1875, in partnership with Dr. Atwood Crosby. Two years later the development and increase of a catarrhal deafness led him to give up his practice, and to go to Boston for some months of treatment. He later went to New York, where he came under the influence of Dr. Cornelius R. Agnew, "the great Dr. Agnew," and decided to take up the study of the eye and ear. He became a pupil of Dr. Agnew's, identifying himself with the then struggling little Manhattan Eye and Ear Infirmary, with Dr. Agnew, Dr. St. John Roosa, and Dr. J. B. Emerson, and came to Bridgeport to practice Eye and Ear Surgery in 1879. For eighteen years thereafter he served the Manhattan as Assistant Surgeon, going down three afternoons a week with almost unfailing regularity. He was one of the founders of the Bridgeport Hospital, its first Ophthalmic and Aural Surgeon, later a Director, and at his death, its Presi-

dent. The progress and welfare of the Bridgeport Hospital was, from first to last, very close to Dr. Wilson's heart, and to it he gave, and was always ready to give, no matter at what personal loss or inconvenience, his best efforts.

Of Dr. Wilson's earlier life in Bridgeport, many of the older members of the Society know better than the writer. His fast horse and two-wheeled gig were on the roads early and late. His patients came largely from western Connecticut, from Long Island, and from New York City. He was a pioneer in mastoid operating in this part of the country and devised the best of mastoid trephines, just as the trephine gave way to the chisel. His observations on the behavior of the irritating drugs then commonly used in eye inflammation led him to seek a harmless substitute, and he introduced the use of boric acid for conjunctivitis, a treatment which has since spread around the world. The Wilson head mirror and cataract knife were models of their time.

In later years he gradually withdrew from active hospital work, exemplifying his precept that "a Surgeon should stop operating when he is at his best." He continued, however, his office and consultation work with unimpaired energy, which he maintained by taking extra care of a none too vigorous health, and by long vacations.

In his nearly forty years of active practice in Bridgeport, Dr. Wilson had many assistants, among whom those who served the longest were Dr. Adams of Newburg, Dr. Beard of Chicago, our own Dr. Miles and the writer.

He married, November 13, 1883, Mrs. Carrie A. Marsh of West Haven, who survives him. Dr. Wilson had three children, a son who died in infancy, and two daughters, Mrs. Frank Lyman of Montreal, Canada, and Mrs. James Robertson Murray of Colon, Panama. The marriage of the latter to the British Consul at Panama was celebrated only two weeks before Dr. Wilson's death, which occurred at Ancon, Panama, on December 30, 1917, from the failure of a barely compensated heart, induced by a severe attack of gallstone colic.

Dr. Wilson was, perhaps, best known to his patients for his

sincerity, and as a master of gentleness. The delicacy of his touch was unsurpassed—a quality which counted for much in cataract operating and in intra-aural manipulations.

Dr. Wilson's modesty led him to stress his own work lightly. Among eye and ear men he was noted for his sanity of judgment, and his ability to clear an atmosphere clouded by too fine distinctions and theories with a shaft of ridicule or a flash of wit, a quality which sometimes brought him enemies among the pedants. While an idealist at heart, he was eminently practical, and had the rare quality of seeing clear through a thing to its results, and of brushing aside the non-essentials to come straight down to the things that really count.

Dr. Wilson was fond of the sea. He was prominent in the Bridgeport Yacht Club, where he sailed an auxiliary yawl for many years. In his later years he was a great traveler, and loved best to take long sea voyages where he would attract the best minds on the steamer for long "confabs," as he called them, on all sorts of subjects, but particularly men of note, about whom his fund of anecdotes was inexhaustible. He gathered a notable collection of pictures of men "who had done things," and his library, in which he came to spend more and more hours in reading, was filled with biographies and books of travel. In the course of these trips,—and he returned safely from eighteen of them across the seas—he visited most of the world's civilized lands, and many of the uncivilized; from Iceland and Spitzbergen to Patagonia, India, China, and Japan, Australia and New Zealand, all Europe but Russia, from which he was twice turned back by outbreaks of disease,—Spain, Peru, Chile and the Argentine. He knew them all, and their great men.

It has been the privilege of the writer to have had sixteen years of delightful intimacy with Dr. Wilson, in his office and home, as student, assistant, and for ten years in partnership; and no mere words can express the debt of gratitude and love to one who was almost a father. Always ready with instruction, foresight, sympathy, counsel, his very presence was an inspiration. And the ideals which he had from Dr. Agnew, and which he tried to pass on, were ideals of mental honesty, quality of work, and service.

As an ophthalmologist, his judgment was unsurpassed. As a friend, his confidence once given could be disturbed only by the surest acts of infidelity. As a neighbor, his advice was sought by high and low. Tactful, able, honest, with never a personal axe to grind, he was often called upon to do the disagreeable things which some one must do, but which every one wants some one else to do, in club life, in the hospital, and sometimes in the personal difficulties of his friends. And he did them as best he could, and few could do them as nicely, regardless of the enemies thereby made. And this is no small thing.

As a man, "He stood foursquare to all the winds that blew," nor heeded them. And if his essentially lovable nature was hidden by a natural reserve and an offhand manner from all but those who knew him best, it was all the more delightful to those to whom he unbent, and to his many friends, especially among the children, who loved him.

CHARTER AND BY-LAWS.

Resolution Amending the Charter of the Connecticut Medical Society.

GENERAL ASSEMBLY.

JANUARY SESSION, A.D. 1905

Resolved by this assembly:

Section 1. That the charter of the Connecticut Medical Society, approved June 5, 1834, and as the same has been amended from time to time, be and the same is hereby amended so as to read as follows:

That all persons who are now members of the Connecticut Medical Society and all physicians and surgeons who shall hereafter be associated with them in pursuance of the provisions of this resolution shall be and remain a body politic and corporate by the name of The Connecticut State Medical Society; and by that name they and their successors shall and may have perpetual succession; shall be capable of suing and being sued, pleading and being impleaded, in all suits of whatever name and nature; may have a common seal and may alter the same at pleasure; and may also purchase, receive, hold, and convey any estate, real and personal, to an amount not exceeding one hundred thousand dollars.

Sec. 2. The superintendence and management of the corporation shall be vested in a board to be known and called by the name of The House of Delegates of The Connecticut State Medical Society, which board shall have power to establish offices in said corporation and prescribe the duties of the several officers and of the members of said corporation and may fix their compensation; to establish the conditions of admission to and dismission and expulsion from said society; to lay a tax from time to time upon the members, not exceeding five dollars in each year, and to collect the same; to hold and dispose of all moneys and other property belonging to the corporation in such manner as they may deem proper to promote the objects and interests of the society; and in general to make such by-laws and regulations for the due government of the society, not repugnant to the laws of the United States or of this state, as may be deemed necessary.

Sec. 3. The House of Delegates of The Connecticut State Medical Society shall be composed of, (1) ex officio, the president and secretary of the society; (2) delegates to be elected annually as hereinafter provided, by the several county medical associations in this state which heretofore have been and now are affiliated with The Connecticut Medical Society; and (3) eight councilors to be elected from time to time as hereinafter provided.

Sec. 4. An annual meeting of the corporation for the election of officers and such other business as may from time to time arise, shall be held during the month of May in each year and upon such day in said month as the House of Delegates shall from time to time prescribe.

Sec. 5. At a meeting to be held at least twenty days in advance of the annual meeting of the corporation in each year, every affiliated county association shall elect a delegate or delegates to represent it in the House of Delegates of this society in the proportion of one delegate to each thirty-five members, or any part of that number, and the secretary of such affiliated county association shall send a list of such delegates to the secretary of this corporation at least twenty days before the date of said annual meeting.

Sec. 6. The first councilors shall be appointed by the president, one from each county, who shall serve for one year or until their successors shall be elected. At their annual meeting in the year 1906, each affiliated county medical association shall elect one councilor, of whom those elected in Hartford, New London, Windham, and Middlesex counties shall serve for one year, and those elected in New Haven, Fairfield, Litchfield and Tolland counties shall serve for two years; and at the expiration of the term of office of the councilors, so elected, each affiliated county medical association shall, biennially thereafter, elect a councilor, who shall serve for two years.

Sec. 7. The secretary of every affiliated county medical association in this state shall, in May, 1905, and annually thereafter, at least ten days before the annual meeting of the society, file with its secretary a list of all members of said respective county associations who are at the time in good and regular standing, and thereupon all such persons shall become and be members of The Connecticut State Medical Society without further action.

The Connecticut State Medical Society.

BY-LAWS.

CHAPTER I.

Section 1. Name. The name and title of this organization shall be The Connecticut State Medical Society.

Sec. 2. Purposes of the Society. The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Connecticut, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; to enlighten and direct public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

Sec. 3. Component Associations. Component Associations shall consist of those county medical associations which heretofore have been and now are affiliated with the Connecticut Medical Society.

Sec. 4. Composition of Society. This Society shall consist of members, delegates, guests, and honorary members.

Sec. 5. Members. Members of this Society shall be members of the component county medical associations.

Sec. 6. Delegates. (1) Delegates shall be those members who are elected by the component county associations; (2) the Councilors; their respective component associations in the House of Delegates of this Society.

Sec. 7. Guests. Any distinguished physician not a resident of this State who is a member of his own State Association, may become a guest during any annual session on invitation of

the officers of this Society and shall be accorded the privilege of participating in all the scientific work for that session.

Sec. 8. Honorary Members. Eminent physicians, not residents of this State, may be elected Honorary Members by a major vote of the House of Delegates after nomination of one year, but such shall not exceed three in any one year.

Honorary Members shall have all the privileges accorded by Section 7 to guests.

CHAPTER II.—MEMBERSHIP.

Section 1. The name of a physician upon the properly certified roster of members of a component association, who has paid his annual assessment, shall be prima facie evidence of membership in this society.

The annual tax shall be collected from all such members except the secretaries of County Medical Associations, but the taxes of any member may be remitted by vote of the House of Delegates upon recommendation of any County Medical Association.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component association, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of the Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the annual session shall enter his name on the registration book, indicating the component association of which he is a member.

CHAPTER III.—HOUSE OF DELEGATES.

Section 1. The House of Delegates shall be the legislative and business body of the Society, and shall consist of (1) delegates elected by the component county associations; (2) the Councilors; and (3), ex officio, the President and Secretary of this Society.

Sec. 2. The House of Delegates shall meet on the first day of the annual session. It may adjourn from time to time as may be

necessary to complete its business, provided that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the programme.

Sec. 3. Each component association shall be entitled to send to the House of Delegates each year, one delegate for every thirty-five members, or any part of that number.

Sec. 4. Fifteen delegates shall constitute a quorum.

Sec. 5. It shall, through its officers, Council, and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly strive to make each annual session a stepping-stone to further advancement.

Sec. 6. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

Sec. 7. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interests in such county associations as already exist and for organizing the profession in counties where associations do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who can be made reputable has been brought under medical society influence.

Sec. 8. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results discussed and utilized.

Sec. 9. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

Sec. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates.

Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

Sec. 11. It shall approve all memorials and resolutions issued in the name of the Society before the same shall become effective.

Sec. 12. Sections and District Societies. The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such Councilor District Associations as will promote the best interests of the profession, such associations to be composed exclusively of members of component county associations.

CHAPTER IV.—SESSIONS AND MEETINGS.

Section 1. The Society shall hold an annual session, during which there shall be held daily General Meetings which shall be open to all registered members, guests and honorary members.

Sec. 2. The time and place for holding each annual session shall be fixed by the House of Delegates.

Sec. 3. Special meetings of either the Society or the House of Delegates shall be called by the President, on petition of ten (10) delegates or fifty (50) members.

Sec. 4. General Meetings. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice Presidents, and before them shall be delivered the address of the President and the orations.

Sec. 5. The General Meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and the public.

CHAPTER V.—OFFICERS.

Section 1. The Officers of this Society shall be a President, two Vice Presidents, a Secretary, a Treasurer, and eight Councilors.

Sec. 2. The officers, except the Councilors, shall be elected annually. The first Councilors shall be appointed by the President, one from each county, who shall serve for one year, or until their successors shall be elected. At their annual meetings in the year 1906, each affiliated county medical association shall elect one councilor, of whom those elected in Hartford, New London, Windham, and Middlesex counties shall serve for one year, and those elected in New Haven, Fairfield, Litchfield, and Tolland counties shall serve for two years, and at the expiration of the term of office of the councilors so elected, each affiliated county medical association shall, biennially, elect a councilor, who shall serve for two years.

Sec. 3. All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect.

Sec. 4. The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session, but no delegate shall be eligible to any office named in the preceding section except that of councilor, and no person shall be elected to any such office who has not been a member of the Society for the past two years.

CHAPTER VI.—DUTIES OF OFFICERS.

Section 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; shall deliver an annual address at such times as may be arranged, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office and, as far as practicable, shall visit by appointment the various sections of the State and assist the Councilors in building up the county associations and in making their work more practical and useful.

Sec. 2. The Vice Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation, or removal, the Council shall select one of the Vice Presidents to succeed him.

Sec. 3. The Treasurer shall give bond in the sum of \$1,000, the manner of bonding to be left to the Council. He shall demand and receive all funds due the Society, together with the bequests and donations. He shall pay money out of the treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

Sec. 4. The Secretary shall attend the General Meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex-officio Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates of the annual sessions. He shall, with the coöperation of the secretaries of the component associations, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county association, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county associations and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component association with the necessary blanks for making their annual reports. Acting with the Committee on Scientific Work, he shall prepare and issue all programmes. The amount of his salary shall be fixed by the Council.

CHAPTER VII.—COUNCIL.

Section 1. The Council shall consist of one Councilor from each county and the President and Secretary *ex officio*. It shall be the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

The Board of Councilors shall appoint from its own members two members who, with the Treasurer of the Society, shall constitute a sub-committee to be designated a Committee on the Permanent Funds, whose duty it shall be to advise on the investment of such funds as the Society may have or receive by bequest or donation, according to the laws of the State of Connecticut governing trust funds. This committee shall, through the Chairman of the Council, recommend to the House of Delegates the disposition to be made of the permanent funds, both principal and income.

Sec. 2. The Council shall meet daily during the session, and at such other times as necessity may require, subject to the call of the chairman or on petition of three Councilors. It shall meet on the last day of the annual session of the Society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

Sec. 3. The Board of Councilors shall constitute the nominating committee of the Society. They shall report as such to the House of Delegates on the first day of the general session. After the report has been submitted an opportunity shall be given for other nominations to be made.

Sec. 4. Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component associations where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county associations and their members. He shall make an annual report of his work and of the condition of the profession

of each county in his district at the annual session of the House of Delegates.

Sec. 5. The Council shall be the Board of Censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component associations, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component associations on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 6. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions, and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. As the Finance Committee, it shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society, and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of this Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or the Treasurer, the Council shall fill the vacancy until the next annual election.

CHAPTER VIII.—COMMITTEES.

Section 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Medical Examination and Medical Education.

A Committee on Honorary Members and Degrees.

A Committee on Arrangements, and such other committees as

may be necessary. Such committees shall be elected by the House of Delegates unless otherwise provided.

Sec. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Fifteen days previous to each annual session it shall prepare and issue a programme announcing the order in which papers, discussions and other business shall be presented.

Sec. 3. The Committee on Public Policy and Legislation shall consist of one member from each component association, and the President and Secretary. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of the public health and scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, state, and national affairs and elections.

Sec. 4. The Committee on Medical Examination and Medical Education shall consist of five members, who shall be appointed in accordance with Sec. 4717 of the general statutes of the State of Connecticut. The committee shall conduct the medical examination of candidates for certificates of qualifications for license to practice medicine in the State in accord with the requirements of the Medical Practice Act. It shall annually present a written report to the House of Delegates. The committee shall also be a committee on medical education and shall coöperate with the council of education of the American Medical Association in the effort to elevate the standard of medical education in the United States.

Sec. 5. The Committee on Honorary Members and Degrees may present annually to the House of Delegates the names of not more than three eminent physicians, not residents of this state, as candidates for honorary membership in this Society. Such candidates may be elected honorary members in accordance with the provisions of Chap. I, Sec. 8, of the By-Laws.

Sec. 6. The Committee of Arrangements shall be appointed by the component association in which the annual session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees. Its chairman shall report an outline of the arrangements to the Secretary for publication in the programme, and shall make additional announcements during the session as occasion may require.

CHAPTER IX.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship, this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of reelection.

CHAPTER X.—FUNDS AND EXPENSES.

Funds shall be raised by an equal per capita assessment on each component association. The amount of the annual assessment per member shall be fixed by the House of Delegates.

Funds may also be raised by voluntary contributions, for the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

CHAPTER XI.—REFERENDUM.

Section 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the

members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its members present, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

CHAPTER XII.—COUNTY ASSOCIATIONS.

Section 1. All County Associations now in affiliation with the Connecticut Medical Society shall be component parts of this Society.

Sec. 2. Each County Association shall judge of the qualification of its members, but as such associations are the only portals to this Society and to the American Medical Association, all reputable and legally registered physicians, except those who practice or claim to practice or lend support to any exclusive or irregular system of medicine, shall be entitled to membership.

No physician shall be admitted to or retain membership in a County Medical Association after the expiration of his present contract who has agreed to furnish medical services to any organization or union for a stipulated sum per member, or for other consideration than the regular local fee for such services.

Sec. 3. Any County Medical Association may suspend or expel any member who is guilty of improper or unprofessional conduct, by a two-thirds vote of the members present and voting at any regular meeting, provided due notice has been given on the programme of said meeting at least ten days before its session. When from any cause a member of the Connecticut State Medical Society ceases to be a member of one of the component county medical associations, his membership in the Connecticut State Medical Society shall terminate, but any physician who may feel aggrieved by the action of the association of his county in refusing him membership or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 4. In hearing appeals the Council may admit oral or

written evidence as in its judgment will be best and to most fairly present the facts, but in case of every appeal, both as a Board and as individual councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 5. When a member in good standing in a component association moves to another county in this state, his name, on request, shall be transferred, without cost, to the roster of the county into whose jurisdiction he moves.

Sec. 6. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the association in whose jurisdiction he resides.

Sec. 7. Each component association shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral, and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the Society as a whole, to increase the membership until it embraces every qualified physician in the county.

Sec. 8. At some meeting in advance of the annual session of this Society, each county association shall elect a delegate or delegates to represent it in the House of Delegates of this Society in the proportion of one delegate to each thirty-five members, or any part of that number, and the Secretary of the Association shall send a list of such delegates to the Secretary of this Society at least twenty days before the annual session.

In the case of death, illness or disability of a Councilor or delegate, the President of the County Association in which the vacancy occurs shall appoint a substitute Councilor or delegate, with full power to represent his county during the Councilor's or delegate's disability, or until the successor of such appointee is elected at the next meeting of the County Medical Association.

Sec. 9. The Secretary of each component association shall keep a roster of its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of registration in

this State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

Sec. 10. The fiscal year of the Society shall terminate on April 30 of each year.

On or before May 10 of each year the Secretary of each component Association shall make a report to the Treasurer of the Society on a blank provided by the Treasurer for that purpose, stating 1st, the number of members from his county and the number exempt; 2d, the total amount collected on the tax of that fiscal year; the amount collected during the year on taxes in arrears; the amount of taxes still in arrears for one year previous; the amount in arrears for two years previous, together with a check to cover the above mentioned collections.

The bills for the tax laid at the annual meeting shall be sent to each member by the respective county clerk on the first day of June of each year.

The clerk of each component association shall forward its roster of officers and list of members and of non-affiliated physicians to the Secretary and Treasurer of this Society each year within five days after the annual session of his county association.

Sec. 11. The several county medical associations shall have power to adjourn; to call special meetings, as they shall deem expedient; and to adopt such by-laws as they find desirable, not contrary to the laws of this State or the charter and by-laws of The Connecticut State Medical Society.

CHAPTER XIII.—MISCELLANEOUS.

Section 1. No address or paper before this Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject except by unanimous consent.

Sec. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary before reading. No paper shall be read before this Society which has been previously published or read before any other organization.

Sec. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with the charter and by-laws.

Sec. 4. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XIV.—AMENDMENTS.

These By-Laws may be amended at any annual session by a majority vote of all delegates present at that session, after the amendment has been laid on the table until the next annual session. If, however, the proposed alteration has been published in the notice of the session, it may be acted upon after it has laid on the table one day.

MEMBERS OF THE
CONNECTICUT STATE MEDICAL
SOCIETY.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

1884	THOMAS ADDIS EMMETT.....	New York City, N. Y.
1890	WILLIAM HENRY WELCH.....	Baltimore, Md.
1891	ROBERT FULTON WEIR.....	New York City, N. Y.
1894	HON. CHARLES E. GROSS.....	Hartford, Conn.
1894	DAVID WEBSTER.....	New York City, N. Y.
1895	SIR JAMES GRANT.....	Ottawa, Canada
1895	HENRY O. MARCY.....	Boston, Mass.
1896	T. MITCHELL PRUDDEN.....	New York City, N. Y.
1896	WILLIAM W. KEEN.....	Philadelphia, Pa.
1900	J. W. S. GOULEY.....	New York City, N. Y.
1903	REYNOLD WEBB WILCOX.....	New York City, N. Y.
1904	WILLIAM OSLER.....	Oxford, England
1914	WILLIAM C. GORGAS.....	Washington, D. C.
1917	RICHARD P. STRONG.....	Boston, Mass.
1917	HERMANN M. BIGGS.....	Albany, N. Y.

ACTIVE MEMBERS.

The Names of those who have been Presidents of the
State Society are in Black face type.

This list is corrected to the date of the Annual Meetings of the
County Societies, April, 1918.

FAIRFIELD COUNTY.

President, FRANCIS I. NETTLETON, M.D., Shelton.

Vice President, GEORGE R. HERTZBERG, M.D., Stamford.

Secretary, CHARLES W. GARDNER, M.D., 449 State Street, Bridgeport.

Councilor, FRANK W. STEVENS, M.D., Bridgeport.

Acting Councilor, FRANK H. BARNES, M.D., Stamford.

Censors, GEORGE H. NOXON, M.D., FRANK H. BARNES, M.D.,
FRANK M. TUKEY, M.D.

Annual Meeting, Second Tuesday in April, at Bridgeport;
Semi-Annual, Second Tuesday in October.

BETHEL.

Barber, Alvin Elizur.

1899 Wight, George D.

BRIDGEPORT.

1896	Adams, Frederick Joseph.....	339 West ave.
1916	Banks, Daniel Tony.....	254 E. Main
1913	Beaudry, Joseph Horace.....	835 State
1913	Bernstein, Abraham	346 State
1904	Bill, Philip Worcester.....	411 State
1900	Blank, Elmer Francis.....	387 Noble ave.
1886	Blodget, Henry.....	819 Myrtle ave.
1880	Bowers, William Cutler.....	336 State
1914	Clarke, Harold Metcalf.....	477 State
1916	Cohen, Joseph.....	1130 Stratford ave.

1906	Coops, Frank Harvey.....	386	John
1891	Cowell, George B.....	409	Noble ave.
1913	Curley, William Henry.....	725	Park ave.
1908	Curran, Philip John.....	425	State
1917	Davis, George Anthony.....	313	State
1894	Day, Fessenden Lorenzo.....	819	Myrtle ave.
1888	DeWolfe, Daniel Charles.....	516	Fairfield ave.
1914	Duesing, Herman.....	1169	E. Main
1916	Dupee, Edward Wilson.....	733	State
1898	Ellis, Thomas Long.....	332	West ave.
1913	Finkelstone, Benjamin Brooks.....	346	State
1915	Finnegan, John Hamill.....	1116	Stratford ave.
1895	Fitzgerald, Edward.....	526	E. Washington ave.
1897	Fleck, Harry Willard.....	897	Lafayette
1914	Flynn, John Francis.....	Cor.	Washington ave. and Franklin
1895	Ford, George Skiff.....	522	Fairfield ave.
1908	Formichelli, Giovanni.....	654	Pembroke
1916	Gade, Carl Johannes.....	525	State
1907	Gardner, Charles Wesley.....	449	State
1916	Garlick, George B.	474	State
1878	Garlick, Samuel Middleton.....	474	State
1916	Gilday, James Lowrey.....	952	State
1884	Godfrey, Charles Cartlidge.....	340	State
1895	Gold, James Douglass.....	839	Myrtle ave.
1908	Greenstein, Morris Jacob.....	107	Benham ave.
1916	Griffin, Daniel Patrick.....	1350	E. Main
1913	Hale, Fraray	477	State
1914	Hart, Benjamin Ide.....	323	State
1891	Haskell, Charles Nahum.....	787	Fairfield ave.
1909	Hawley, George Waller.....	404	Meigs Bldg.
1916	Healy, Thomas Francis.....	25	Yale
1915	Hippolitus, Paul DiFrancesca.....	683	E. Main
1916	Horn, Martin Isidore.....	1963	Main
1917	Horwitz, Morris Thomas.....	986	Stratford ave.
	Hyde, Charles Elias.....	320	West ave.
1906	Ives, Eli Butler.....	284	West ave.
1898	Johnson, John Murray.....	276	West ave.
1907	Keane, Robert Barnabas.....	90	N. Washington ave.
1912	LaField, William Arthur.....		Meigs Bldg.
1913	Lambert, Henry Bertram.....	411	State
1904	Leverty, Charles Joseph.....	42	James
1895	Lockhart, Reuben Arthur.....	760	Washington ave.
1887	Lynch, John Charles.....	826	Myrtle ave.
1904	Lynch, Robert Joseph.....	52	Courtland

1914	MacDonald, John Joseph.....	905 North ave.
1884	May, Jacob Rush.....	1816 North ave.
1914	McCarthy, Daniel Joseph.....	778 Washington ave.
1913	McGovern, Edward Francis.....	906 Lafayette
1913	McQueeney, Andrew.....	700 Noble ave.
1892	Miles, Henry Shillingford.....	417 State
1901	Nettleton, Irving LaField.....	775 Washington ave.
1891	Ober, George Eugene.....	632 Kossuth
1894	O'Hara, William James Aloysius.....	361 Barnum ave.
1888	Osborn, George Wakeman.....	888 Broad
1909	Patterson, Daniel Cleveland.....	819 Myrtle ave.
1913	Peters, Henry LeBaron.....	871 Park ave.
1859	Porter, George Loring.....	372 State
1917	Powers, John Thomas H.	1069 Barnum ave.
1907	Pratt, Nathan Tolles.....	1221 Stratford ave.
1905	Pyle, Francis Winthrop.....	528 State
1916	Quinn, John Francis.....	225 Colorado ave.
1916	Reich, Upton Sharetts.....	2162 N. Main
1918	Roberts, Edward R.	376 John
1913	Roche, Thomas Joseph.....	727 Park ave.
1916	Roller, Robert Douglass, Jr.	810 Myrtle ave.
1913	Rowe, Michael Joseph.....	521 State
1913	Sansone, Nicola Maria.....	519 Pembroke
1916	Scanlon, Thomas F.	307 Fairfield ave.
1913	Schuele, George J.	485 Noble ave.
1906	Schulz, Herman Samuel.....	906 Lafayette
1914	Scrimgeour, Arthur.....	701 Warren
1913	Shea, John Francis.....	1254 E. Main
1913	Sherman, Florence Adelaide.....	415 Golden Hill
1903	Smith, Dorland.....	834 Myrtle ave.
1902	Smith, Edwards Montrose.....	340 State
1902	Smith, Frank Llewellyn.....	2178 Main
1913	Smykowski, Bronislaw Louis.....	405 Barnum ave.
1898	Smyth, Herbert Edmund	376 John
1909	Sprague, Charles Harry.....	168 West Liberty
1916	Steinberger, Maurice.....	617 Hancock ave.
1903	Stevens, Frank William.....	829 Myrtle ave.
1888	Topping, Jacob Reed.....	349 Noble ave.
1898	Townsend, Charles Rodman.....	446 State
1897	Trecartin, David Munson.....	525 State
1895	Tukey, Frank Martin.....	429 State
1903	Warner, George Howell.....	849 Myrtle ave.
1902	Wason, David Boughton.....	329 West ave.
1904	Waterhouse, Henry Edwin.....	30 Elmwood pl.

1906	Watson, William Clark.....	446 Stratford ave.
1913	Weadon, William Lee.....	810 Myrtle ave.
1914	Weldon, Edwin B.	327 Broad
1889	White, Benjamin Walker.....	477 State
1880	Wright, John Winthrop.....	810 Myrtle ave.

DANBURY.

1902	Bronson, William Thaddeus.....	41 West
1888	Brown, David Chester.....	330 Main
1891	Brownlee, Harris Fenton.....	342 Main
1896	Craig, Charles Franklin.....	
1906	English, Richard Matthew.....	39 West
1897	Gordon, William Francis.....	26 West
1885	Lemmer, George Edward.....	153½ Main
1912	Moore, Howard D.	203 Main
1912	Mullins, Samuel Frederick.....	116 Main
	Scofield, Everett J. S.	294 Main
1913	Smith, Arthur Charles.....	268 Main
	Stratton, Edward Augustus.....	173 Main
1907	Sunderland, Paul Ulysses.....	160 Deer Hill ave.
1885	Watson, William Seymour.....	246 Main

DARIEN.

Noxon, George Henry.

NOROTON.

Hoyt, Harold Eliphalet.

FAIRFIELD.

1883 Donaldson, William Henry.

GREENFIELD HILL.

1877 Dunham, Martin VanBuren.

GREENWICH.

1894	Brooks, Frank Terry.....	Rock Ridge
1905	Burke, William.....	153 Mason
1904	Clarke, John Alexander.....	92 Mason
1917	Gates, Aaron Billings.....	160 Milbank ave.
1887	Griswold, William Loomis.....	19 W. Elm
1902	Hyde, Fritz Carleton.....	Maple ave.
1905	Hyde, Harriet Baker.....	
1918	Knapp, Charles W.	

1904	Klein, Alvin Walter.....	65	W. Putnam ave.
1916	Knowlton, Don Jerome.....	83	E. Putnam ave.
1909	Parker, Edward Oliver.....	68	E. Putnam ave.

SOUND BEACH.

1914	Austin, Albert Elmer.
1909	Finch, Sarah Elizabeth.

HUNTINGTON.

SHELTON.

1912	Black, John Eugene.....	40	White
1917	Finn, Edward J.	492	Howe ave.
1900	Nettleton, Francis Irving.....	35	White
1895	Randall, William Sherman.....	241	Coram ave.
1869	Shelton, Gould Abijah.....	40	White
1916	Stilphen, Harry Leslie.....		

MONROE.

STEPNEY.

1912	Smith, George Arthur.
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STEPNEY DEPOT.

Wales, Frank Joseph.

NEW CANAAN.

1899	Brooks, Myre Joel.
1909	Keeler, Charles B.
1908	O'Shaughnessy, Edmund Joseph.
	Wheelock, Albert Andrews.

NEWTOWN.

SANDY HOOK.

1916	Kiernan, Walter H.
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NORWALK.

1906	Coburn, Jesse Milton.....	55	South Main
1916	Cram, George Eversleigh.....	85	Wall
	Gregory, James Glynn.....	5	West ave.
1907	Hitchcock, Walter	9	West ave.
1880	Huntington, Samuel Henry.....	133	Main
1915	Kellogg, Henry Kirke White.....	5	West ave.
1894	Meek, James A.		
1890	Tracey, William Joseph.....	23	West ave.
	Turner, Arthur Robert.....	8	West ave.

SOUTH NORWALK.

1894	Allen Lauren Melville.....	15	Washington
1894	Bohannon, Charles Gordon.....	64	South Main
1918	Bradley, Theron R.	11	Washington
1906	Burnell, Francis Edwin.....	67	South Main
1896	Sherer, Henry Clifford.....	1	Washington

REDDING.

1896	Smith, Ernest Herman.
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GEORGETOWN.

1917	Deming, William Champion.
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RIDGEFIELD.

Allee, William Hanford.

1917	Allen, Henry Willard.
1912	Bryon, Benn Adelmer.
1891	Lowe, Russell Walter.

STAMFORD.

1907	Avery, John Waite.....	295	Atlantic
1907	Barnes, Frank Hazelhurst.....		North Stamford rd.
1907	Bohannon, Richard Lee.....	453	Atlantic
1912	Carroll, Isaiah F.	44	Willow
1904	Cloonan, John Joseph.....	37	South
1916	Costanzo, James J.	384	Atlantic
1909	Crane, Ralph William.....	107	South
1909	Dichter, Charles Levi.....	19	St. John's pl.
1904	Foster, Dean.....	400	Atlantic
1913	Gandy, Raymond R.	57	Broad
1909	Godfrey, William Truitt.....	88	South
1908	Harrison, John Francis.....	507	Atlantic
1916	Henderson, Alfred Collard.....	17	Suburban ave.
	Hertzberg, George Robert.....	40	South
1918	Hewitt, Alfred F.	568	Main
1908	House, Albert Lewis.....	11	Bedford
1904	MacLean, Donald Robert.....	87	South
1911	Nemoitin, Julius.....	96	Main
1893	Philip, Rosavelle Gardner.....	7	Bedford
1885	Phillips, Alfred Noroton.....		Glenbrook
1885	Pierson, Samuel.....	61	Broad
1917	Platt, Daniel P.	17	Suburban ave.
1893	Rice, Watson Emmons.....	192	Summer
1891	Schavoit, Frederick.....	38	Willow

1894	Sherrill, George.....	700	Main
1909	Shirk, Samuel Martin.....	87	Broad
1917	Smith, William Earl.....	400	Atlantic
1907	Staub, John Howard.....	100	South
1889	Van Vleet, Peter P.	228	Summer

STRATFORD.

1884	Cogswell, William Badger.....	2252	Main
1914	Curtis, Rollin Alanson.....	2275	Elm
1909	Howland, DeRuyter.....	E. Broadway &	Main
1885	Lewis, George Frederick.....	952	E. Broadway

WESTON.

LYONS PLAINS.

Gorham, Frank.

WESTPORT.

1915	Brodsky, Emanuel S.
1913	McLaury, Frank Harold.
1898	Nolan, Jacob Matthew.
1891	Ruland, Frederick Davis.

GREEN'S FARMS.

McFarland, David Walter.

OUT OF COUNTY.

1917	Heady, Carlton K.	48	Broad st., Milford
	Walsh, Joseph William.....		Address unknown
			Total Number, 210.

HARTFORD COUNTY.

President, CHARLES A. GOODRICH, M.D., Hartford.

Vice President, THOMAS H. WELDON, M.D., South Manchester.

Secretary, PATRICK F. MCPARTLAND, M.D., 1341 Main Street, Hartford.

Councilor, WALTER R. STEINER, M.D., Hartford.

Censors, JOHN F. DOWLING, M.D., H. GILDERSLEEVE JARVIS, M.D.,
C. BREWSTER BRAINARD, M.D.

Annual Meeting, First Tuesday in April; Semi-Annual Meeting,
Fourth Tuesday in October.

AVON.

1912 Morse, Vernon H. Chipman.

BERLIN.

EAST BERLIN.

1908 Hodgson, Thomas Cady.

KENSINGTON.

1915 Griswold, Matthew H.

1877 Griswold, Roger M.

BRISTOL.

1900 Brackett, Arthur Stone.

1880 Horton, William Wickham.

1916 Upson, Charles R.

1909 Whipple, Benedict Nolasco.

CANTON.

COLLINSVILLE.

1906 Cox, Ralph Benjamin.

1917 Kilbourn, Carl J.

1875 Lewis, George Francis.

EAST HARTFORD.

1890 Mayberry, Franklin Hayden.

1893 O'Connell, Thomas Smith.

1916 Onderdonk, Harry Jay.

1912 Truex, Edward Hamilton.

EAST WINDSOR.

BROAD BROOK.

1879 Allen, Howard Oliver.

1904 Backus, Harold Simeon.

1898 Deane, Henry Augustus.

ENFIELD.

THOMPSONVILLE.

1909 Alcorn, Thomas Grant.

1906 Bridge, John Law.

Dowd, Michael Joseph.

- 1878 Finch, George Terwilliger.
 1916 Simonton, Frank F.
 1917 Vail, Edwin Smith.
 1917 Vail, Thornton E.

FARMINGTON.

- 1912 Phelps, Stuart E.

UNIONVILLE.

- 1912 Morrissey, William Thomas.

GLASTONBURY.

SOUTH GLASTONBURY.

- 1897 Rising, Harry Breed.

GRANBY.

- 1914 Irwin, Vincent J., Jr.

HARTFORD.

- 1883 Abrams, Alva Elnathan.....36 Pearl
 1904 Adams, Henry Eli.....194 High
 1884 Alton, Charles DeLancey.....75 Pratt
 1881 Axtelle, John Franklin.....561 Main
 1895 Bailey, Michael Angelo.....438 Main
 1913 Bailey, Neil H.248 Laurel
 1889 Barrows, Benjamin Safford.....164 High
 1886 Beach, Charles Coffing.....54 Woodland
 1907 Beach, Charles Thomas.....686 Main
 1894 Bell, George Newton.....44 High
 1909 Bickford, Henry.....57 Magnolia
 1913 Biram, James Harrington.....98 High
 1913 Birdsong, Julian Lee.....110 High
 1907 Blair, Edward Holden.....Dillon Court Hotel
 1909 Borden, Charles Herbert.....36 Pearl
 1897 Botsford, Charles Porter.....219 Collins
 1907 Boucher, James Joseph.....25 Charter Oak ave.
 1896 Boucher, John Bernard.....25 Charter Oak ave.
 1913 Boyle, Robert J.332 Franklin
 1905 Bradley, Mark Spaulding.....36 Pearl
 1903 Brainard, Clifford Brewster.....98 High
 1916 Branon, A. William.....112 High
 1912 Brayton, Howard Wheaton.....44 High
 1896 Bunce, Philip Dibble.....98 High

1914	Cantarow, Daniel.....	73 Windsor
1915	Carter, Earl B.	137 High
1898	Chester, Thomas Weston.....	50 Farmington ave.
1905	Clifton, Harry Colman.....	30 Farmington ave.
1896	Cochran, Levi Bennett.....	50 Farmington ave.
1913	Cogswell, Eliot S.	232 Church
1904	Conklin, James Henry.....	89 Pratt
1889	Cook, Ansel Granville.....	179 Allyn
1913	Costello, Henry N.	148 High
1876	Crary, David.....	926 Main
1899	Crossfield, Frederick Solon.....	75 Pratt
1913	Crowley, William H.	15 Charter Oak ave.
1914	Daly, Charles W.	429 Capitol ave.
1909	DeBonis, Domenico A.	94 Windsor
1914	Deming, Clinton D.	29 Wethersfield ave.
1914	Deming, Edward Adams.....	1 Spring
1896	Dickerman, Wilton Elias.....	30 Farmington ave.
1892	Dowling, John Francis.....	1315 Main
1891	Down, Edwin Augustus.....	902 Main
1910	Dwyer, Richard Joseph.....	186 Franklin ave.
1916	Dwyer, William.....	18 Asylum
1910	Eddy, George William.....	1 Main
1915	Elliott, Calvin H.	137 High
1895	Elmer, Edward Oliver.....	805 Park
1914	Emmett, F. Arthur.....	1295 Main
1900	Enders, Thomas Burnham.....	3 Highland
1898	Felty, John Wellington.....	902 Main
1911	Fischer, Abraham.....	149 Windsor ave.
	Fitzgerald, William Henry.....	904 Main
1913	Flaherty, Claude V.	305 Park
1916	Gallivan, Thomas Henry.....	904 Main
1898	Gill, Michael Henry.....	36 Pearl
1879	Gladwin, Ellen Hammond.....	705 Asylum ave.
1900	Goodrich, Charles Augustus.....	5 Haynes
1908	Griggs, John Bagg.....	44 High
1909	Griswold, Arthur Heywood.....	42 High
1895	Hall, Joseph Barnard.....	36 Pearl
1913	Harrington, Amos Thomas.....	137 High
1908	Hatheway, Clarence Morris.....	110 High
1909	Haylett, Howard Bulkley.....	137 High
1907	Hepburn, Thomas Norval.....	42 High
1906	Heublein, Arthur Carl.....	42 High
1917	Hutchinson, James Elder.....	36 Pearl
1882	Ingalls, Phineas Henry.....	49 Pearl

1912	Jarvis, Henry Gildersleeve.....	98	High
1913	Jones, Charles Emerson.....	98	High
1889	Kane, Thomas Francis.....	517	Main
1908	Keith, Albert Russell.....	43	Farmington ave.
1912	Kennedy, Philip Thomas.....	64	Ann
1898	Kilbourn, Joseph Austin.....	271	Park
1906	Kingsbury, Isaac William.....	36	Pearl
1877	Knight, William Ward.....	254	Trumbull
1901	Lampson, Edward Rutledge.....	137	High
1913	Landry, Arthur B.	228	Church
1895	Lawton, Franklin Lyman.....	295	Main
1915	Locke, Harry L. F.	1	Spring
1916	Lynch, James F.	64	Church
1910	McClellan, William Ernest.....	18	Asylum
1898	McCook, John Butler.....	390	Main
1901	McKee, Frederick Lyman.....	68	Pratt
1907	McPartland, Patrick Farrell.....	1341	Main
1916	McPherson, Sidney Horace.....	803	Main
1910	McSweeney, Jeremiah Everett.....	6	Wethersfield ave.
1913	Madden, Leon Irving.....	36	Pearl
1907	Martelle, Henry Augustus.....	112	High
1914	Meagher, William F.	75	Francis ave.
1886	Miller, George Root.....	151	Church
1916	Miller, James Raglan.....	257	Laurel
1908	Molumphy, David James.....	517	Main
1880	Morgan, William Dennison.....	49	Pearl
1909	Morrissey, Michael Joseph.....	18	Asylum
1893	Murphy, Walter Graham.....	75	Pratt
1897	Naylor, James Henry.....	11	Main
1916	O'Brien, Joseph Francis.....	18	Asylum
1902	O'Flaherty, Ellen Pembroke.....	140	Main
1908	Outerson, Andrew M.	350	Church
1904	Owens, William Thomas.....	703	Main
1916	Parker, Spotswood Hayes.....	700	Main
1905	Pierson, John Corbin.....	50	Windsor ave.
1885	Porter, William, Jr.	179	Allyn
1916	Radom, Fannie.....	244	Windsor
1913	Reardon, William F.	803	Main
1900	Reinert, Emil Gustav.....	109	Ann
1916	Reynolds, Harry Stephen.....	683	Asylum
1907	Ronayne, Frank J.	190	Church
1909	Rooney, James Francis.....	308	Park
1883	Root, Edward King	49	Pearl
1884	Root, Joseph Edward.....	67	Pearl

1900	Rowley, Alfred Merriman.....	803 Main
1910	Rowley, John Carter.....	21 Forest
1907	Rowley, Robert Lee.....	49 Pearl
1911	Russ, Henry Camp.....	114 Woodland
1908	Ryan, Joseph Patrick.....	44 Church
1902	Ryan, Patrick Joseph.....	316 Park
1916	Sagarino, John Francis.....	298 Church
1887	Segur, Gideon Cross.....	67 Farmington ave.
1886	Simpson, Frederick Thomas.....	122 High
1901	Smith, Earl Terry.....	70 Cone
1897	Standish, James Herbert.....	479 Albany ave.
1905	Starr, Robert Sythoss.....	75 Pratt
1894	Stern, Charles Seymour.....	75 Pratt
1902	Steiner, Walter Ralph.....	646 Asylum ave.
1905	Stoll, Henry Farnum.....	75 Pratt
1903	Storrs, Eckley Raynor.....	179 Allyn
1914	Strobel, Joseph E.	State Sanatorium
1892	Sullivan, Daniel Francis.....	190 Church
1908	Swan, Horace Cheney.....	196 Whitney
1914	Sweet, John H. T.	71 Church
1905	Swett, Paul Plummer.....	803 Main
1888	Taft, Charles Ezra.....	98 High
1906	Taylor, Maude Winifred.....	107 Edwards
1898	Thompson, Emma Jane.....	287 Trumbull
1906	Thompson, Whitefield Nelson.....	400 Washington
1911	Tracy, Dwight Wallace.....	5 Wethersfield ave.
1908	Tuch, Morris.....	1333 Main
1907	Turbert, Edward Joseph.....	30 Sisson ave.
1908	Vail, George Francis.....	36 Pearl
1904	VanStrander, William Harold.....	179 Church
1917	Vernlund, Carl Frithof.....	211 Church
1894	Waite, Frank Lewis.....	68 Pratt
1914	Waite, Robert Lester.....	68 Pratt
1908	Ward, James Ward.....	437 Capitol ave.
1909	Waterman, Paul.....	44 High
1895	Waters, John Bradford.....	281 Trumbull
1901	Weidner, Calvin.....	49 Pearl
1895	Weir, Janet Marshall.....	282 Sigourney
1882	Welch, George Kellogg.....	26 State
1907	Welch, Thomas Francis.....	356 Windsor
1916	Wells, Donald Breckenridge.....	2 Garden
1903	Wells, Ernest Alden.....	2 Garden
1907	Wiedman, Otto George.....	75 Pratt
1907	Wilson, James Cornelius.....	164 High

1904	Witter, Orin Russell.....	44	High
1889	Wolff, Arthur Jacob.....	904	Main
1916	Worthen, Thacher Washburn.....	36	Pearl
1916	Wright, Arthur B.	124	No. Beacon
1912	Yergason, Robert M.	911	Asylum ave.

MANCHESTER.

1909	Sharpe, Harry Rabe.
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SOUTH MANCHESTER.

1917	Burlingame, C. Charles.
1905	Burr, Noah Arthur.
1916	Holmes, LeVerne.
1908	May, George William.
1916	Moore, D. C. Y.
1911	Rice, Richard William.
1900	Sloan, Thomas George.
1880	Tinker, William Richard.
1893	Weldon, Thomas Henry.

NEW BRITAIN.

1898	Anderson, Arvid.....	59	Arch
1909	Bodley, George Houghton.....	272	Main
1915	Bray, Henry T.	48	Court
1895	Clark, Robert Moses.....	27	Walnut
	Cooley, Clifton Mather.....	131	Main
1915	Dunn, George Washington.....	259	Main
1916	Elcock, Harry A.	96	W. Main
1905	Froman, Ernest Theodore.....	272	Main
1914	Gillin, Charles A.	183	Main
1892	Irving, Samuel Wellington.....	252	Main
1915	Kinsella, Gertrude J.	52	Main
1915	Kinsella, Michael A.	52	Main
1908	Maloney, Maurice Washington.....	272	Main
1909	Purney, John.....	140	Main
1912	Reeks, Thomas Eben.....	9	Franklin sq.
1896	Strosser, Herman.....	59	Arch

PLAINVILLE.

1878	Bull, John Norris.
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ROCKY HILL.

1880	Griswold, Julius Egbert.
1904	Moser, Orin Alexander.

SIMSBURY.

1905 Carver, John Preston.

TARIFFVILLE.

1885 Wooster, Charles Morris.

SOUTHINGTON.

1916 Havey, Leroy A.

1901 Miller, William Radley.

1887 Steadman, Willard George.

SUFFIELD.

1916 Brown, Harold Morris.

1906 Gibbs, Joseph Addison.

WEST SUFFIELD.

1896 Caldwell, William Ely.

1915 Levy, William.

WEST HARTFORD.

1908 Alcott, Ralph Waldo Emerson.....29 N. Main

1910 Denne, Thomas Harman.....23 S. Main

1902 Purinton, Charles Oscar.....12 S. Main

1916 Wilson, McLeod C.665 Farmington ave.

WETHERSFIELD.

1883 Fox, Edward Gager.

1892 Howard, Arthur Wayland.

WINDSOR LOCKS.

1876 Coogan, Joseph Albert.

1914 Coyle, Anna E.

1899 Coyle, William Joseph.

Outerson, Richard.

1901 Robinson, Myron Potter.

OUT OF COUNTY.

1911 Cobb, Albert Edward.....Falls Village

1877 Wright, Theodore Goodell...1090 St. Nicholas ave., New York City

Total Number, 241.

LITCHFIELD COUNTY.

President, DAVID D. REIDY, M.D., Winsted.

Vice President, CHARLES H. TURKINGTON, M.D., Litchfield.

Secretary, HARRY B. HANCHETT, M.D., 55 Main Street, Torrington.

Councilor, ELIAS PRATT, M.D., Torrington.

Censors, R. S. GOODWIN, M.D., F. S. SKIFF, M.D., W. S. HURLBERT, M.D.

Annual Meeting, Fourth Tuesday in April; Semi-Annual, First Tuesday in October.

CANAAH.

FALLS VILLAGE.

- 1914 Shannon, Thomas J.
Skiff, Francis Sands.

CORNWALL.

WEST CORNWALL.

- North, Joseph Howard.
1917 Stevens, Carrie North.

KENT.

- 1912 Turrill, Henry Smith.
1917 Tuttle, Albert Lake.

LITCHFIELD.

- Buel, John Laidlaw.
1910 Deming, Nelson Lloyd.
1911 Marcy, Robert A.
Page, Charles I.
Sedgwick, J. T.
1910 Turkington, Charles Henry.
Warner, Charles Norton.

NEW HARTFORD.

- 1915 English, Chester Ferrin.

NEW MILFORD.

- 1910 Bostwick, Benjamin Earle.
Staub, George Edwards.
Wright, George Herman.

NORFOLK.

- Dennis, Frederic Shepard.
 Hamant, Irving Louis.
 Kendall, John Calvin.
 1909 Pinney, Almon William.

NORTH CANAAN.

CANAAN.

- 1902 Adam, John Geikie.
 Camp, Charles Welford.
 1890 Lee, Frank Herbert.

PLYMOUTH.

TERRYVILLE.

- 1913 Lawton, Richard John.
 Wellington, William Winthrop.
 1914 Woodward, Harold Burton.

SALISBURY.

LAKEVILLE.

- Bissell, William.
 Bissell, William Bascom.

SHARON.

- Bassett, Clarence Wheeler.
 Chaffee, Jerome Stuart.

THOMASTON.

- Goodwin, Ralph Schuyler.
 1903 Hazen, Robert.
 1910 Kane, James Hugh.

TORRINGTON.

- Barker, Abram J.216 Main
 Carlin, Charles Henry.....236 Main
 1917 Chapin, Harry Bailey.....10 Water
 1908 Hanchett, Harry Bigelow.....55 Main
 1917 Hoffman, Wallace Ellsworth.....28 Hoffman
 Hogan, William John.....320 Main
 1917 Kennedy, William Clement.....38 Water
 Moore, Howard Doolittle.....28 Daycoeton pl.

ACTIVE MEMBERS.

1917	Neary, Lawrence Dillon.....	99	Church
1913	Oelschlegel, Herbert Charles.....	5	Water
1915	Partree, Homer Tomlinson.....	72	Main
	Platt, William Logan.....	105	Main
	Pratt, Elias.....	27	Daycoeton pl.
	Ryan, Timothy Mayher.....	31	Water
1917	Thomson, Thomas Leonard.....	10	Water
1917	Tynan, James Joseph.....	79	Main
1917	Weed, Floyd Albert.....	13	Main

WASHINGTON.

1908 Wersebe, Frederick William.

NEW PRESTON.

Stevens, Howard G.

WATERTOWN.

Loveland, Ernest Kilburn.

1914 Martin, James S.

WINCHESTER.

WINSTED.

1915 Hartnett, Joseph Daniel.
 Howd, Salmon Jennings.
 Hulbert, William Sharon.
 Kelsey, Ernest Russell.
 Pratt, Edward Loomis.
 Reidy, David Dillon.
 1912 Reidy, Maurice J.
 Richards, William Spencer.
 1918 Ward, Horace William.

WOODBURY.

1913 Allen, Howard S.

HOTCHKISSVILLE.

Reynolds, William George.

OUT OF COUNTY.

Bulkley, Lucius Duncan.....531 Madison ave., New York City
 1917 Janvier, Florizel.....Address unknown
 Robinson, Joseph.....140 Main st., New Britain
 Wadhams, Sanford Hosea.....care Surgeon General, U. S. Army

Total Number, 69.

MIDDLESEX COUNTY.

President, JOHN H. MOUNTAIN, M.D., Middletown.

Vice President, JAMES T. MITCHELL, M.D., Middletown.

Secretary, JAMES H. KINGMAN, M.D., 159 Broad Street, Middletown.

Councilor, GEORGE N. LAWSON, M.D., Middle Haddam.

Censors, C. A. SEARS, M.D., C. E. STANLEY, M.D., F. S. SMITH, M.D.

Annual Meeting, Second Thursday in April; Semi-Annual, Second Thursday in October.

CHESTER.

1889 Smith, Frederick Sumner.

CLINTON.

1903 Fox, David Austin.

CROMWELL.

1917 Briggs, Asa Sheldon.

1895 Bush, Charles Ellsworth.

1885 Hallock, Frank Kirkwood.

DURHAM.

1910 Zink, Charles Edwin.

EAST HADDAM.

1890 Plumstead, Matthew Woodbury.

EAST HAMPTON.

1873 Field, Albert.

1907 Fitch, Frederick Tracy.

MIDDLE HADDAM.

1892 Lawson, George Newton.

ESSEX.

1903 Bradeen, Frederick Barton.

1908 Davis, Charles Clarence.

HADDAM.

HIGGANUM.

1910 Loewe, Leonard J.

MIDDLETOWN.

1886	Bailey, John Elmore.....	66	Washington
1909	Brown, Louis Raymond.....		Hospital for Insane
1880	Calef, Jeremiah Francis.....	171	Broad
1886	Campbell, Arthur Joseph.....	148	Washington
1916	Campbell, Sheldon Samuel Stratton.....	176	Washington
1912	Fauver, Edgar.....		Mt. Vernon
1900	Fisher, Jessie Weston.....	28	Crescent
1916	Haviland, C. Floyd.....		State Hospital for Insane
1904	Kingman, James Henry.....	159	Broad
1893	Loveland, John Elijah.....	107	Broad
1896	Maitland, Lewis A.	56	Broad
1893	Mead, Kate Campbell.....	165	Broad
1903	Mitchell, James Thomas.....	121	Broad
1899	Mountain, John Henry.....	200	Washington
1896	Murphy, James.....	101	Broad
1896	Nolan, Daniel Andrew.....	515	Main
1916	O'Brien, Francis Joseph.....	228	Main
1917	Petrocelli, Gerardo G.	60	Ferry
1911	Rinde, Hamilton		State Hospital for Insane
1918	Sandy, William Charles.....		State Hospital for Insane
1878	Stanley, Charles Everett.....		State Hospital for Insane
1904	Walsh, Thomas Patrick.....	569	Main
1900	Young, Charles Bellamy.....	36	Pleasant

OLD SAYBROOK.

1905	Grannis, Irwin.
1901	Luther, Calista Vinton.

PORTLAND.

1913	Burnham, John Ladd.
1910	Chedel, Charles Brigham.
1877	Fisher, William Edwin.
1889	Potter, Frank Edward.
1863	Sears, Cushman Allen.

SAYBROOK.

DEEP RIVER.

1892	French, Howard Truman.
1903	Pratt, Arthur Milon.

OUT OF COUNTY.

1890	Coleburn, Arthur Burr.....	14	Elm, Norwalk
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1882	Keniston, James Mortimer...	208 Eastern Promenade, Portland, Me.
1907	Lord, Sidney Archer.....	Concord, Mass.
1911	McKendree, Charles A.	616 Madison ave., New York City

Total Number, 49.

NEW HAVEN COUNTY.

President, GEORGE BLUMER, M.D., New Haven.

Vice President, DAVID R. LYMAN, M.D., Wallingford.

Secretary, HERBERT THOMS, M.D., 419 Temple Street, New Haven.

Councilor, WILLIAM H. CARMALT, M.D., New Haven.

Censors, EDWARD T. BRADSTREET, M.D., FRANK H. WHEELER, M.D.
CHARLES H. BROWN, M.D.

Annual Meeting, in April; Semi-Annual, in October. Date set
by the Executive Committee.

ANSONIA.

1916	Aaronson, Michael S.	410 Main
1887	Cooper, Louis Edward.....	90 North State
1916	Mercer, Clarence H.	70 Main
1915	O'Neil, William Henry.....	194 Main
1907	Parmelee, Edward Kibbe.....	50 Main
1916	Peck, Frederick Johnson.....	44 Main
1909	Tolles, Burton Isaac.....	38 Main
1900	Wilmot, Louis Howard.....	38 Main

BRANFORD.

1871	Gaylord, Charles Woodward.
1917	Gaylord, Charles W., Jr.
1916	McQueen, Arthur Samuel.
1886	Tenney, Arthur John.

DERBY.

1916	Baldwin, Charles Tomlinson.....	74 Olivia
1917	Kennedy, Paul B.	51 Elizabeth
1885	Loomis, Frank Newton.....	116 Elizabeth
1906	Maguire, Edward O'Reilly.....	24 Elizabeth
1910	Parlato, Michael Antonio.....	270 Elizabeth
1890	Pinney, Royal Watson.....	116 Derby ave.

1914	Plunkett, Thomas F.	18	Elizabeth
1916	Richardson, Dwight A.	178	Minerva
1899	Sharpe, Elmer Thomas.....	12	Elizabeth
1914	Sheahan, Michael J.	173	Elizabeth
1910	Treat, William Howard	240	Main

EAST HAVEN.

1897	Holbrook, Charles Werden.....	596	Thompson ave.
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GUILFORD.

1916	Murless, H. Walter.		
1916	Smith, Frederic DeWitt.		
1888	West, Redfield Benjamin.		

HAMDEN.

1904	Lay, Walter Sidders.		
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MOUNT CARMEL.

1890	Joslin, George Harvey.		
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MADISON.

1908	Rindge, Milo Pember.		
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MERIDEN.

1877	Bradstreet, Edward Thomas.....	170	Colony
1900	Cooke, Joseph Anthony.....	50	E. Main
1913	Dinnan, James B.		West Mountain
1881	Eggleston, Jeremiah Dewey.....	132	W. Main
1888	Fenn, Ava Hamlin.....	30	Capitol ave.
1889	Griswold, Frederick Pratt.....	481	Broad
1891	Hall, Edward Dormenio.....	65	E. Main
1896	LaPointe, John William Henry.....	128	W. Main
	Lockwood, Howard DeForest.....	248	E. Main
1917	McElman, Harry W.	62½	E. Main
1891	Meeks, Harold Albert.....	88	E. Main
1913	Murdock, Thomas P.	42½	E. Main
	Nickerson, Nehemiah.....	16	Washington
1913	O'Brien, John F.	28	Crown
1885	Otis, Samuel Dickinson.....	165	W. Main
1888	Pierce, Elbridge Worthington.....	53½	W. Main
1916	Quinlan, Raymond V.	42½	E. Main
1913	Smith, David Parker	34	W. Main

1883	Smith, Edward Weir	34	W. Main
1906	Sullivan, Michael Joseph.....	77	W. Main
1907	Wheatley, Louis Frederick.....	174	Curtis
1913	Wilson, Leslie Adams.....	30	Colony

MILFORD.

1913	Fischer, William John Henry.
1909	Ives, John Wagner.

DEVON.

1914	Pons, Louis Jacques.
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NAUGATUCK.

	Baker, Walter I.
1891	Bull, Thomas Marcus.
1901	Carroll, John James.
1916	Claffey, Michael Francis.
1894	Delaney, William Joseph.
1894	Johnson, Edwin Hines.
	Reilly, Walter A.
1892	Robbins, James Watson.
1901	Tuttle, Frank James.
1914	Woodford, Chester N.

NEW HAVEN.

1902	Allen, Millard Filmore.....	65	Dixwell ave.
1893	Alling, Arthur Nathaniel.....	257	Church
1895	Arnold, Ernst Hermann.....	1449	Chapel
1908	Arnold, Harold Sears.....	122	College
1893	Bacon, Leonard Woolsey.....	113	Whitney ave.
1916	Baldwin, William Pitt.....	1145	Chapel
1890	Baribault, Arthur Octave.....	211	Chapel
1900	Barnes, William Samuel.....	193	York
1908	Barrett, William Joseph.....	63	Olive
1896	Bartlett, Charles Joseph.....	195	Church
1905	Bean, William Hill.....	40	Pleasant
1909	Beck, Frederick George.....	199	York
1873	Bellosa, Frederick.....	125	Sherman ave.
1911	Bercinsky, David.....	360	George
1911	Bergman, Alexander.....	49	Howe
1898	Bishop, Frederic Courtney.....	1241	Chapel
1889	Bishop, Louis Bennett.....	356	Orange
1907	Blake, Eugene Maurice.....	55	Trumbull

1907	Blumer, George.....	150 York
1911	Boardman, Albertus Kellogg.....	441 Forbes ave.
1916	Burke, William P. J.	466 Dixwell ave.
1913	Butler, Wilda Edwin.....	223 York
1904	Butler, William James.....	712 Howard ave.
1916	Carelli, Genesis Frank.....	541 Chapel
1877	Carmalt, William Henry	261 St. Ronan
1914	Carroll, Charles H.	236 Grand ave.
1892	Cheney, Benjamin Austin.....	59 College
1913	Churchman, John Woolman.....	59 College
1909	Cohane, Jeremiah Joseph	59 College
1904	Cohane, Timothy Francis.....	530 Howard ave.
1917	Collins, William F.	336 St. John
1914	Comfort, Charles Williams, Jr.	1193 Chapel
1915	Comstock, Fred W.	552 Howard ave.
1914	Conte, Harry A.	158 St. John
1887	Converse, George Frederick.....	1 Whalley ave.
1916	Cooney, William Joseph.....	342 Grand ave.
1897	Crowe, Willis Hanford.....	59 College
1914	D'Agostino, Francesco.....	621 Chapel
1886	DeForest, Louis Shepard.....	335 Orange
1908	Diefendorf, Allen Ross.....	129 Church
1908	Dole, Mary Phylinda.....	35 Elm
1915	Dryfus, Milton L.	824 Orange
1882	Eliot, Gustavus.....	209 Church
1914	Esposito, Joseph V.	96 Greene
1913	Ferguson, Robert J.	59 College
1892	Ferris, Harry Burr.....	395 St. Ronan
1911	Flint, Joseph Marshall.....	320 Temple
1914	Flynn, Charles T.	150 Shelton ave.
1917	Flynn, David A.	352 Grand ave.
1898	Flynn, James Henry Joseph.....	840 Howard ave.
1888	Foote, Charles Jenkins.....	60 Elm
1907	Ford, Alice Porter.....	1400 Chapel
1910	Goldberg, Samuel James.....	322 George
1912	Goldman, George.....	1 Howe
1897	Gompertz, Louis Michael.....	1195 Chapel
1914	Harten, James A.	95 Olive
1903	Hartshorn, Willis Ellis.....	1138 Chapel
1881	Hawkes, William Whitney.....	31 High
1916	Hendricks, Albert Ludwig.....	26 Trumbull
1907	Henze, Carl William	466 Orange
1908	Herbert, Archibald Cecil.....	256 McKinley ave.
1912	Hershman, Abram Aron.....	6 High

1908	Hessler, Herman Philip.....	323	George
1916	Hirata, Isao.....	356	Elm
1917	Honeij, James Albert.....	700	Forest
1915	Hynes, Frederick H.	196	York
1903	Hynes, Thomas Vincent.....	1441	Chapel
1914	Jackowitz, Gabriel.....	347	Orange
1914	James, George Richard.....	686	State
1911	Keating, Hugh Francis.....	619	Howard ave.
1901	Kilbourn, Clarence Leishman.....	202	Blatchley ave.
1898	Kirby, Frank Alonzo.....	355	Whalley ave.
1912	Kleiner, Israel.....	193	York
1917	Kleiner, Simon B.	39	Howe
1907	Lane, John Edward.....	59	College
1913	Lang, William P.	1223	Chapel
1915	Lear, Maxwell.....	35	Sylvan ave.
1915	Levy, Louis Henry	1172	Chapel
1905	Lewis, Dwight Milton.....	36	High
1911	Linde, Joseph Irving.....	163	York
1878	Lindsley, Charles Purdy.....	59	College
1882	Luby, John Francis.....	42	Howe
1905	Ludington, Nelson Amos.....	1252	Chapel
1908	Lyon, Treby Williams.....	193	York
1905	McDermott, Terrance Stephen.....	1334	Chapel
1893	McDonnell, Ralph Augustine.....	1142	Chapel
1916	McGuire, Frank J.	26	Elm
1913	McGuire, William C.	106	Park
1899	McIntosh, Edward Francis.....	307	Alden ave.
1900	Maher, James Stephen.....	261	Orange
1889	Maher, Stephen John	212	Orange
1878	Mailhouse, Max	105	Elm
1899	Mariani, Nicola.....	119	Greene
1892	Marsh, Arthur Washburn.....	1015	Whalley ave.
1916	Mendillo, Anthony Joseph.....	26	Elm
1917	Merrill, William T.	10	Sheffield ave.
1914	Monahan, Joseph B.	631	Howard ave.
1916	Morriss, William Haviland.....		New Haven Hosp.
1916	Morse, Arthur.....	71	College
1896	Moulton, Edward Seymour.....	252	York
1910	Murphy, John Aloysius.....	28	Edwards
1897	Nadler, Alfred Goldstein.....	377	Orange
1904	Notkins, Louis Adolph.....	700	Howard ave.
1913	Nugent, Huggard W.	432	Temple
1885	Osborne, Oliver Thomas.....	252	York
1881	Park, Charles Edwin.....	98	Elm

1894	Peck, Robert Ellsworth.....	Elm City Private Hosp.
1886	Peckham, Lucy Creemer.....	345 Greene
1909	Phillips, Frank Lyman.....	413 Temple
1893	Pitman, Edwin Parker.....	52 Sylvan ave.
1916	Porter, Donald Wallace.....	58 Wall
1894	Porter, Isaac Napoleon.....	198 Dixwell ave.
1913	Prince, Alexander Louis.....	150 York
1903	Rand, Richard Foster.....	246 Church
1903	Reilly, Francis Henry.....	296 Columbus ave.
1891	Reilly, James Michael.....	337 Cedar
1914	Reynolds, Harry St. Clair.....	195 Church
1890	Ring, Henry Wilson.....	185 Church
1897	Robbins, Charles Henry.....	326 Grand ave.
	Roberts, E. K.	244 Grand ave.
1892	Robinson, Paul Skiff.....	164 Grand ave.
1910	Rogers, James Frederick.....	447 George
1914	Russell, Thomas H.	57 Trumbull
1910	Sanford, Charles Edwin.....	59 College
1897	Sanford, Leonard Cutler.....	347 Temple
1896	Sanford, Ward Harding.....	650 Orange
1911	Scarborough, Marvin McRae.....	105 College
1915	Scholl, Robert F.	485 Ferry
1916	Segnalla, Ernest.....	516 Chapel
1915	Sheahan, William Lawrence.....	73 Sherman ave.
1913	Skiff, Stuart E.	1194 Chapel
1914	Skiff, Walter C.	1184 Chapel
1896	Slattery, Morris Dove.....	566 Howard ave.
1916	Slemons, J. Morris.....	284 Orange
1914	Smirnow, Max Ruskin.....	862 Howard ave.
1898	Smith, Henry Hubert.....	101 Elm
1914	Smith, Marvin	325 Humphrey
1896	Sperry, Frederick Noyes.....	59 College
1905	Spier, Seymour Leopold.....	359 Crown
1907	Standish, Frank Billings.....	199 York
1903	Steele, Henry Merriman.....	226 Church
1882	Stetson, James Ebenezer.....	Union League Club
1914	Stetson, Paul Russell.....	646 Dixwell ave.
1916	Stewart, Harry Eaton.....	1449 Chapel
1911	Sullivan, Jeremiah Barrett.....	274 Dixwell ave.
1897	Sullivan, John Francis.....	205 Blatchley ave.
1886	Swain, Henry Lawrence.....	195 Church
1914	Sweet, Grover C.	710 Howard ave.
1900	Teele, Julia Ernestine.....	206 Hamilton
1915	Thoms, Herbert.....	419 Temple

1911	Tileston, Wilder.....	424	Temple
1909	Townshend, Raynham.....	233	Church
1911	Tracy, Robert Graham.....	493	Howard ave.
1892	Tuttle, Charles Alling.....	196	York
1896	Verdi, William Francis.....	27	Elm
1915	Weed, Arthur R.	198	Park
1902	Welch, Harry Little	59	College
1883	Welch, William Collins.....	59	College
1917	Westervelt, Marvin Zabriskie.....	578	Winthrop ave.
1884	Wheeler, Frank Henry.....	27	Perkins
1915	White, Herman R.	416	Oak pl.
1916	Whiting, Leonard C.	40	Whalley ave.
1906	Whittemore, Edward Reed	143	Elm
1877	Whittemore, Frank Hamilton	143	Elm
1899	Winne, William Nelson.....	1020	Whalley ave.
1881	Wright, Frank Walden.....	48	Pearl
1895	Wurtenburg, William Charles.....	98	Elm
1916	Young, Thomas H.	185	Church

NORTH HAVEN.

1869	Goodyear, Robert Beardsley.
1904	Higgins, Gould Shelton.

MONTOWESE.

1914	Nichols, Ralph W.
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ORANGE.

WEST HAVEN.

	Barnett, John Frederick.....	34	Church
1905	Bevan, Charles A.	381	Main
	Clarke, Ralph DeBallard.		
1909	Gilmore, Joseph L.	366	Main
1904	Kowalewski, Victor Alexander.....	597	Campbell ave.
	Phelps, Charles Dickinson.....	644	Campbell ave.
1915	Rogers, Platt H.	246	Elm

SEYMOUR.

1916	Beckwith, Henry W.	107	Main
1892	Benedict, Frank Allen.....	13	Maple
1896	Davis, Elias Wyman.....	142	Washington ave.
1913	Harvey, Edward R.	119	Main

WALLINGFORD.

1908	Buffum, John Harold.....	145 N. Main
1905	Lyman, David Russell.....	Gaylord Farm Sanatorium
1911	McGaughey, James David.....	261 Center
1881	Russell, William Spencer.....	176 N. Main
1916	Smith, Charles Francis.....	34 N. Whittlesey ave.

WATERBURY.

1900	Anderson, Henry Gray.....	39 Leavenworth
1916	Anderson, Peyton F.	18 Pearl
1874	Barber, Walter Lewis	87 N. Main
1910	Barber, Walter Lewis, Jr.	87 N. Main
1908	Bevans, Theodore F.	Lilley Bldg.
1916	Bonner, Robert Alexander.....	140 N. Main
1910	Brennan, Patrick Joseph.....	565 E. Main
1894	Brown, Charles Henry.....	57 N. Main
1913	Byrne, Daniel J.	317 N. Main
1914	Callender, Eugene F.	164 W. Main
1875	Castle, Frank Edwin.....	77 N. Main
	Cooley, Myron Lucius.....	354 N. Main
1907	Cowan, Isabel.....	79 N. Main
1887	Crane, Augustin Averill.....	300 W. Main
1916	DeLuise, Isacco	312 S. Main
	Deming, Alletta Langdon Bedford.....	
1912	Dillon, John H.	337 E. Main
1902	Dwyer, Patrick James.....	852 S. Main
1917	Dye, John Sinclair.....	160 Prospect
1916	Egan, John Joseph.....	131 Baldwin
1905	Engelke, Charles.....	50 Leavenworth
1905	Farrell, John Edward.....	Lilley Bldg.
1880	Frost, Charles Warren Selah.....	54 Central ave.
1907	Gailey, John Joseph.....	120 N. Main
1909	Gancher, Jacob.....	239 N. Main
	Good, William M.	827 Bank
1894	Goodenough, Edward W.	44 Leavenworth
1904	Goodrich, William Albert.....	6 Abbott ave.
1896	Graves, Frederick George.....	161 N. Main
1915	Green, Jacques H.	148 N. Main
1893	Hamilton, Charles Allen.....	171 N. Main
1887	Hayes, John Francis.....	15 S. Elm
1910	Healey, Thomas F.	31 Pleasant
1911	Herr, Edward A.	317 N. Main
1909	Hine, Henry Kingsley.....	50 Mitchell

1915	Johnson, Ernest H.	164	W. Main
1898	Kilmartin, Thomas J.		Lilley Bldg.
1914	Kirschbaum, Edward H.	20	Grove
1910	Lawlor, Michael Joseph.....	158	N. Main
1916	Licht, William Henry.....	311	W. Main
1909	McDonald, Arthur Francis.....	188	E. Main
1916	McGrath, John H.	309	E. Main
1906	McLarney, Thomas Joseph.....	27	Cherry
1905	McLinden, James John.....	658	N. Main
1897	Maloney, Daniel Joseph.....	79	N. Main
1899	Monagan, Charles Andrew.....	64	Cooke
1897	Moriarty, James Ligouri.....	46	Leavenworth
1887	Munger, Carl Eugene.....	81	N. Main
1893	O'Connor, Patrick Thomas.....	182	W. Main
1887	O'Hara, Bernard Augustine.....	161	E. Main
1901	Pomeroy, Nelson Asa.....	76	Center
1916	Quinn, Raymond J.	69	Washington
1916	Riordan, Michael Davitt.....	853	Bank
1894	Robbins, George Orrin.....	192	Grand
1883	Rodman, Charles Shepard	48	N. Main
1910	Russell, Edmund.....	76	Center
1897	Russell, George Washington.....	236	Bank
1914	Ryder, Raymond H.	177	Bank
	Smith, Egbert Livingston.....	292	W. Main
1915	Spicer, Edmund	292	W. Main
	Swenson, Andrew Clay.....	164	W. Main
1902	Thibault, Louis Joseph.....	35	Willow
1908	Variell, Arthur	133	W. Main
1916	Vastola, Anthony P.	99	N. Main

OUT OF COUNTY.

1883	Benedict, John Mitchell.....		Woodbury, Conn.
1915	Bull, William Tillinghast.....	12	Bull st., Newport
1916	Gessner, Francis E.		care of Surgeon Gen., U. S. Army
1899	Hammond, S. M.	36	Pearl st., Hartford
1917	Hoegen, Joseph A.		care of Surgeon Gen., U. S. Army
1891	McNeil, Rollin.....		South Salem, N. Y.
1886	Moody, Mary Blair.....	2826	Garber st., Berkeley, Cal.
1916	Russell, Donald G.		care of Surgeon Gen., U. S. Army
1891	Skinner, Clarence Edward...		Suite 80, 50 E. 41st st., New York City
	Wilson, William Patrick.....		Address unknown

Total Number, 326.

NEW LONDON COUNTY.

President, LEONE F. LAPIERRE, M.D., Norwich.

Vice President, DANIEL SULLIVAN, M.D., New London.

Secretary, HAROLD H. HEYER, M.D., 70 Coit Street, New London.

Councilor, CHARLES C. GILDERSLEEVE, M.D., Norwich.

Censors, E. P. DOUGLASS, M.D., C. B. GRAVES, M.D., G. H. JENNINGS, M.D.

Annual Meeting, First Thursday in April; Semi-Annual, First Thursday in October.

COLCHESTER.

1913 Howland, Edward Joseph.

EAST LYME.

NIANTIC.

1906 Atkinson, Edward.

1887 Dart, Frederick Howard.

GRISWOLD.

JEWETT CITY.

1876 Jennings, George Herman.

1916 McLaughlin, John Henry.

GROTON.

1916 Barnum, Charles Gardiner.

1893 Douglass, Edmund Peaslee.

NOANK.

1904 Hill, William Martin.

LYME.

1909 Devitt, Ellis King.

MONTVILLE.

1914 Harrington, Robert E.

1913 Wilson, Frank E.

UNCASVILLE.

1894 Fox, Morton Earl.

NEW LONDON.

1916 Black, John T.285 Montauk ave.

1916	Black, Ross Elliot.....	581	Bank
1916	Cheney, George Philip.....	62	Montauk ave.
1895	Chipman, Edwin Clifford.....	232	Williams
1907	Cronin, William Daniel.....	23	Main
1909	Dunn, Frank Martin.....	149	State
1896	Ferrin, Carlisle Franklin.....	36	Huntington
1906	Ganey, Joseph Matthew.....	8	Main
1887	Graves, Charles Burr.....	4	Mercer
1907	Harrington, James Leon.....	215	Montauk ave.
1902	Henkle, Emmanuel Alexander.....	51	Federal
1895	Heyer, Harold Hankinson.....	70	Coit
1909	Lawson, Stuart Johnston.....		Manwaring Bldg., State
1901	Lee, Harry Moore.....		Gallup lane
1896	Rogers, Thomas Weaver.....	43	Huntington
1878	Stanton, John Gilman	99	Huntington
1904	Sullivan, Daniel	58	Huntington
1899	Taylor, John Clifton.....		Harris Bldg.
1909	Winship, Ernest Oliver.....		Manwaring Bldg., State
1916	Young, James F.	78	Washington

NORTH STONINGTON.

1915 Maine, Thurman Park.

NORWICH.

1910	Agnew, Robert Robertson.....		Thayer Bldg.
1915	Blackmar, John Stanton.....	24	Oneco
1908	Brophy, Edward Joseph.....	88	Central
1884	Browne, William Tyler.....	275	Broadway
1916	Callahan, John W.	314	Main
1915	Campbell, Hugh B.		State Tuberculosis Sanatorium
1909	Casey, William Bradford.....	284	Main
1914	Cassidy, Louis Thomas.....	48	Church
1871	Cassidy, Patrick.....	46	Main
1897	Donahue, James Joseph.....	43	Broadway
1915	Donahue, John Daniel	138	Washington
1915	Donahue, John James	138	Washington
1916	Driscoll, William T.		Alice Bldg., Main
1916	Freeman, Albert C.	58	Broadway
1898	Gildersleeve, Charles Childs.....	287	Main
1898	Higgins, Harry Eugene.....	21	Fairmount
1914	LaPierre, Arnaud J.	287	Main
1907	LaPierre, Leone Franklin.....	287	Main
1892	Perkins, Charles Harris.....		Shannon Bldg.

1883	Smith, Newton Phineas.....	25 Park
1886	Tingley, Witter Kinney.....	Main

TAFTVILLE.

1916	Pratt, Louis Irving.
1891	Thompson, George.

YANTIC.

1898	Howe, Herbert H.
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STONINGTON.

MYSTIC.

1907	Allyn, Louis Maxson.
1894	Gray, William Henry.
1889	Purdy, Alexander Marshall.
1914	Smail, Martin L.

OLD MYSTIC.

1865	Chapman, Albert Taylor.
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WATERFORD.

1895	Minor, George Maynard.
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OUT OF COUNTY.

1904	Fontaine, Alphonse.....	Plainfield
1915	Lynch, Edward James.....	State Tuberculosis Sanatorium, Shelton
1912	Williams, Charles Mallory.....	66 W. 55th st., New York City

Total Number, 66.

TOLLAND COUNTY.

President, WILLIAM L. HIGGINS, M.D., South Coventry.

Vice President, ALONZO M. HURD, M.D., Somers.

Secretary, FREDERICK W. WALSH, M.D., Rockville.

Councilor, THOMAS F. ROCKWELL, Rockville.

Censors, JOHN P. HANLEY, M.D., FREDERICK W. WALSH, M.D.,
THOMAS F. O'LOUGHLIN, M.D.

Annual Meeting, Third Tuesday in April; Semi-Annual, Third
Tuesday in October.

COVENTRY.

ROCKVILLE.

1905	Fiske, Isaac Parsons.....	R. F. D. 2
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SOUTH COVENTRY.

1891	Higgins, William Lincoln.
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HEBRON.

1906 Pendleton, Cyrus Henry.

MANSFIELD.

MANSFIELD DEPOT.

1915 Hackett, John Francis.

1918 La Moure, Charles TenEyck.

1918 Smith, Gilbert Tyson.

SOMERS.

1894 Hurd, Alonzo L.

STAFFORD.

STAFFORD SPRINGS.

1917 Dawson, James William.

1908 Hanley, John Patrick.

1857 Newton, Cyrus Brownlee.

TOLLAND.

1890 Simmons, Willard Nelson.

VERNON.

1879 Smith, Frank Lewis.

ROCKVILLE.

1908 Bean, Wright Butler.

1908 Dickinson, Francis McLean.

1918 Flaherty, John E.

1897 O'Loughlin, Thomas Francis.

1883 Rockwell, Thomas Francis.

1885 Walsh, Frederick William.

Total Number, 18.

WINDHAM COUNTY.

President, ERNEST R. PIKE, M.D., East Woodstock.

Vice President, J. A. GIROUARD, M.D., Willimantic.

Secretary, A. D. MARSH, M.D., Hampton.

Councilor, R. C. WHITE, M.D., Willimantic.

Censors, C. E. HILL, M.D., T. R. PARKER, M.D., R. ROBINSON, M.D.

Annual Meeting, Third Thursday in April; Semi-Annual
Meeting, Third Thursday in October.

HAMPTON.

1914 Marsh, Arthur Drought.

KILLINGLY.

1908 Barnes, George.

DANIELSON.

1905 Burroughs, George McClellan.

1883 Hibbard, Nathaniel.

1879 Judson, William Henry.

1918 Kingsbury, Charles Henry.

1909 Perreault, Joseph Napoleon.

1870 Robinson, Rienzi.

EAST KILLINGLY.

1885 Hill, Charles Edwin.

PLAINFIELD.

CENTRAL VILLAGE.

1898 Gardner, James Lester.

MOOSUP.

1895 Adams, William Waldo.

1884 Allen, Charles Noah.

1909 Downing, Francis.

1903 Chase, Arthur Alverdo.

POMFRET.

1895 Overlock, Seldom Burden.

PUTNAM.

1905 Bullard, Marguerite Jane.

1871 Kent, John Bryden.

1918 Morasse, Louis O.

1897 Morrell, Frederick Augustus.

1906 Perry, Edward Franklin.

THOMPSON.

1903 Paine, Robert Child.

NORTH GROSVENORDALE.

1906 Roch, Emilien.

WINDHAM.

1888 Guild, Frank Eugene.

WILLIMANTIC.

1908 Egbert, Jay Hobart.

1891 Girard, Charles Hermenigilde.

1901 Girouard, Joseph Arthur.

1896 Hills, Laura Heath.

1913 Jenkins, Charles Albert.

1908 Keating, William Patrick Stuart.

1909 Mason, Louis Irving.

1907 O'Neil, Owen.

1884 Parker, Theodore Raymond.

1906 Simonds, Clarence Eugene.

1914 Smith, Fred Morse.

1891 White, Robert Creighton.

WOODSTOCK.

EAST WOODSTOCK.

1913 Pike, Ernest Reginald.

OUT OF COUNTY.

1883 Foster, Warren Woden.....Bureau of Pensions, Washington, D. C.

Total Number, 37.

SUMMARY.

FAIRFIELD COUNTY	210
HARTFORD COUNTY	241
LITCHFIELD COUNTY	69
MIDDLESEX COUNTY	49
NEW HAVEN COUNTY	326
NEW LONDON COUNTY	66
TOLLAND COUNTY	18
WINDHAM COUNTY	37
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TOTAL	1,016

OFFICERS OF THE CONNECTICUT STATE MEDICAL
SOCIETY FROM ITS ORGANIZATION IN 1792
TO THE PRESENT TIME.*

PRESIDENTS.

1792	Leverett Hubbard.	1875	Pliny A. Jewett.
1794	Eneas Munson.	1876	Ashbel W. Barrows.
1801	James Potter.	1877	Robert Hubbard.
1803	Thomas Mosley.	1878	Charles M. Carleton.
1804	Jeremiah West.	1879	Alfred R. Goodrich.
1807	John R. Watrous.	1880	Gideon L. Platt.
1812	Mason F. Cogswell.	1881	William Deming.
1822	Thomas Hubbard.	1882	William G. Brownson.
1827	Eli Todd.	1883	Elisha B. Nye.
1829	John S. Peters.	1884	Benjamin N. Comings.
1832	William Buel.	1885	Elijah C. Kinney.
1834	Thomas Miner.	1886	T. Morton Hills.
1837	Silas Fuller.	1887	Francis Bacon.
1841	Elijah Middlebrook.	1888	George L. Porter.
1843	Luther Ticknor.	1889	Orlando Brown.
1846	Archibald Welch.	1890	Melancthon Storrs.
1849	George Sumner.	1891	Charles A. Lindsley.
1851	Rufus Blakeman.	1892	Cyrus B. Newton.
1853	Richard Warner.	1893	Francis D. Edgerton.
1854	William H. Cogswell.	1894	Francis N. Braman.
1856	Benjamin H. Catlin.	1895	Seth Hill.
1858	Ashbel Woodward.	1896	Rienzi Robinson.
1861	Josiah G. Beckwith.	1897	Ralph S. Goodwin.
1863	Ebenezer K. Hunt.	1898	Henry P. Stearns.
1865	Nathan B. Ives.	1899	Charles S. Rodman.
1866	Isaac G. Porter.	1900	Leonard B. Almy.
1867	Charles Woodward.	1901	John H. Grannis.
1868	Samuel B. Beresford.	1902	Gould A. Shelton.
1869	Henry Bronson.	1903	Samuel B. St. John.
1870	Charles F. Sumner.	1904	William H. Carmalt.
1871	Gurdon W. Russell.	1905	†Edward H. Welch.
1872	Henry W. Buel.		Nathaniel E. Wordin.
1873	Ira Hutchinson.	1906	William L. Higgins.
1874	Lowell Holbrook.	1907	Everett J. McKnight.
		1908	Sheldon B. Overlock.

* Prepared for the Secretary by Dr. J. B. Lewis, Hartford.

† Resigned.

1909	Samuel D. Gilbert.		
1910	Frank K. Hallock.	1914	{ ‡Oliver C. Smith.
1911	John G. Stanton.		{ Stephen J. Maher.
1912	E. T. Bradstreet.	1915	Max Mailhouse.
1913	D. Chester Brown.	1916	Samuel M. Garlick.
		1917	Edward K. Root.

VICE PRESIDENTS.

1792	Eneas Munson.	1869	Charles F. Sumner.
1794	Elihu Tudor.	1870	Gurdon W. Russell.
1796	James Potter.	1871	Henry W. Buel.
1801	Thomas Mosley.	1872	Ira Hutchinson.
1803	Jeremiah West.	1873	Lowell Holbrook.
1804	Jared Potter.	1874	Pliny A. Jewett.
1806	John R. Watrous.	1875	Ashbel W. Barrows.
1807	Mason F. Cogswell.	1876	Robert Hubbard.
1812	John Barker.	1877	Charles M. Carleton.
1813	Timothy Hall.	1878	Alfred R. Goodrich.
1814	Thomas Hubbard.	1879	Gideon L. Platt.
1822	Eli Todd.	1880	William Deming.
1824	Eli Ives.	1881	William G. Brownson.
1827	John S. Peters.	1882	Elisha B. Nye.
1829	William Buel.	1883	Benjamin N. Comings.
1832	Thomas Miner.	1884	Elijah C. Kinney.
1834	Silas Fuller.	1885	Samuel Hutchins.
1837	Elijah Middlebrook.	1886	Francis Bacon.
1841	Luther Ticknor.	1887	George L. Porter.
1843	Archibald Welch.	1888	Orlando Brown.
1846	Dyer T. Brainard.	1889	Charles J. Fox.
1847	George Sumner.	1890	Charles A. Lindsley.
1849	Rufus Blakeman.	1891	Cyrus B. Newton.
1851	Richard Warner.	1892	Francis D. Edgerton.
1853	William H. Cogswell.	1893	Francis N. Braman.
1854	Benjamin H. Catlin.	1894	Seth Hill.
1856	Ashbel Woodward.	1895	Rienzi Robinson.
1858	Josiah G. Beckwith.	1896	Ralph S. Goodwin.
1861	Ebenezer K. Hunt.	1897	Henry P. Stearns.
1863	Nathan B. Ives.	1898	Charles S. Rodman.
1865	Isaac G. Porter.	1899	Leonard B. Almy.
1866	Charles Woodward.	1900	John H. Grannis.
1867	Samuel B. Beresford.	1901	Gould A. Shelton.
1868	Henry Bronson.	1902	Samuel B. St. John.

‡ Deceased in office.

1903	William H. Carmalt.	1911	{ D. Chester Brown.
1904	Edward H. Welch.		{ Ralph C. Paine.
1905	{ Frederick A. Morrell.	1912	{ Frederick Gilnack.
	{ Eli P. Flint.		{ Alvin E. Barber.
1906	{ Charles E. Brayton.	1913	{ William S. Hulbert.
	{ Franklin P. Clark.		{ Kate C. Mead.
1907	{ Miner C. Hazen.	1914	{ Stephen J. Maher.
	{ Irving L. Hamant.		{ John B. Kent.
1908	{ Samuel D. Gilbert.	1915	{ Charles B. Graves.
	{ Walter L. Barber.		{ Cushman A. Sears.
1909	{ Theodore R. Parker.	1916	{ George M. Burroughs.
	{ William J. Tracey.		{ John C. Kendall.
1910	{ Edmund P. Douglass.	1917	{ Patrick Cassidy.
	{ Edward T. Bradstreet.		{ Charles C. Godfrey.

SECRETARIES.

1792	Jared Potter.	1843	Ralph Farnsworth.
1794	James Clark.	1844	Worthington Hooker.
1796	Daniel Sheldon.	1846	Gurdon W. Russell.
1798	Nathaniel Perry.	1849	Josiah G. Beckwith.
1800	Samuel Woodward.	1858	Panet M. Hastings.
1801	William Shelton.	1862	Leonard J. Sanford.
1805	John Barker.	1864	Moses C. White.
1810	Eli Ives.	1876	Charles W. Chamberlain.
1813	Joseph Foot.	1883	Samuel B. St. John.
1817	Jonathan Knight.	1889	Nathaniel E. Wordin.
1827	Samuel B. Woodward.	1905	Walter R. Steiner.
1830	George Sumner.	1912	Wilder Tileston.
1832	Charles Hooker.	1913	Marvin McR. Scarbrough.
1838	Archibald Welch.	1917	John E. Lane.

TREASURERS.

1792	John Osborn.	1834	Elijah Middlebrook.
1793	Jeremiah West.	1837	Luther Tichnor.
1794	John Osborn.	1841	Virgil Maro Dow.
1796	Mason F. Cogswell.	1851	George O. Sumner.
1800	William B. Hall.	1863	James C. Jackson.
1808	Timothy Hall.	1876	Francis D. Edgerton.
1813	Richard Ely.	1883	Erastus P. Swasey.
1816	Thomas Miner.	1889	William W. Knight.
1817	John S. Peters.	1905	Joseph H. Townsend.
1827	William Buel.	1916	Phineas H. Ingalls.
1829	Joseph Palmer.		

HONORARY MEMBERS OF THE CONNECTICUT STATE MEDICAL SOCIETY FROM ITS ORGANIZATION IN 1792 TO THE PRESENT TIME.*

1797	Felix Pascalis Ouyiere.....	Philadelphia, Pa.
1826	James Jackson.....	Boston, Mass.
	John C. Warren.....	Boston, Mass.
	Samuel L. Mitchell.....	New York
	David Hosack	New York
	Wright Post.....	New York
	Benjamin Silliman.....	New Haven, Conn.
	George M'Clellan	Philadelphia, Pa.
	John Mackie	Philadelphia, Pa.
	Charles Eldridge.....	East Greenwich, R. I.
	Theodore R. Beck.....	Albany, N. Y.
	James Thatcher.....	Plymouth, Mass.
1827	Joseph White.....	Cherry Valley, N. Y.
	William P. Dewees.....	Philadelphia, Pa.
	Edward Delafield.....	New York
	John Delamater.....	Albany, N. Y.
	Walter Channing	Boston, Mass.
	Jacob Bigelow	Boston, Mass.
1828	Philip Syng Physick.....	Philadelphia, Pa.
	Lewis Heermann.....	U. S. Navy
	Daniel Drake.....	Cincinnati, Ohio
	Henry Mitchell.....	Norwich, N. Y.
	Nathan R. Smith.....	Baltimore, Md.
1829	Valentine Mott.....	New York
	Samuel White.....	Hudson, N. Y.
	Reuben D. Mussey.....	Hanover, N. H.
	William Tully.....	New Haven, Conn.
1830	Richmond Brownell.....	Providence, R. I.
1833	William Beaumont.....	U. S. Army
1834	Samuel Henry Dickson.....	Charleston, S. C.
1835	Samuel Bayard Woodward.....	Worcester, Mass.
1837	John Stearns.....	New York
1839	Henry Green.....	Albany, N. Y.
	Stephen W. Williams.....	Deerfield, Mass.
1840	George Frost	Springfield, Mass.
1841	William Parker.....	New York
1842	Benjah Ticknor.....	U. S. Navy
1844	Alden March.....	Albany, N. Y.

* Prepared for the Secretary in 1918 by Dr. Walter R. Steiner, Hartford.

1847	Amos Twitchell.....	Keene, N. H.
	Charles A. Lee.....	New York
	David S. C. H. Smith.....	Sutton, Mass.
1850	James M. Smith.....	Springfield, Mass.
1851	Henry D. Bulkley.....	New York
1852	J. Marion Sims.....	Montgomery, Ala.
	John Watson.....	New York
1854	Frank H. Hamilton.....	Buffalo, N. Y.
	Robert Watts.....	New York
1855	Mason F. Cogswell.....	Albany, N. Y.
	Oliver Wendell Holmes.....	Boston, Mass.
	Joseph Sargent	Worcester, Mass.
	J. V. C. Smith.....	Boston, Mass.
1856	Foster Hooper.....	Fall River, Mass.
1857	Thomas C. Brinsmade.....	Troy, N. Y.
	George Chandler	Worcester, Mass.
	Gilman Kimball	Lowell, Mass.
1858	James McNaughton.....	Albany, N. Y.
	Usher Parsons.....	Providence, R. I.
1859	S. D. Willard.....	Albany, N. Y.
	John Ware.....	New York
1861	Ebenezer Alden.....	Randolph, Mass.
	B. Fordyce Barker.....	New York
1862	J. G. Adams.....	New York
	Jared Linsley	New York
1863	A. J. Fuller.....	Bath, Maine
1864	Samuel H. Pennington.....	Newark, N. J.
	Frederick N. Bennett.....	Orange, N. J.
	Thomas W. Blatchford.....	Troy, N. Y.
	Thomas C. Finnell	New York
	N. C. Husted.....	New York
	Jacob P. Whittemore.....	Chester, N. H.
1865	John Green.....	Worcester, Mass.
	Thomas Sanborn.....	Newport, N. H.
	William Pierson	Orange, N. J.
	Arthur Ward	Belleville, N. J.
	Hiram Corliss.....	Washington, N. Y.
1866	E. K. Webster.....	Boscawen, N. H.
	P. A. Stackpole.....	Dover, N. H.
1868	Samuel L. F. Simpson.....	Concord, N. H.
	A. T. Woodward.....	Brandon, Vt.
1869	Benjamin Cotting.....	Boston, Mass.
	J. C. Hutchinson.....	Brooklyn, N. Y.
	William McCollom.....	Brooklyn, N. Y.

1870	Henry L. Bowditch.....	Boston, Mass.
	Seth Shove	New York
	Samuel T. Hubbard.....	New York
1873	Gurdon Buck	New York
	George F. Horton.....	Terrytown, Pa.
1880	A. N. Bell.....	Garden City, L. I.
	E. Seguin.....	New York
1882	Pliny Earle.....	Northampton, Mass.
1883	J. S. Billings.....	U. S. Army
1884	James E. Reeves.....	Wheeling, W. Va.
	T. A. Emmett.....	New York
1888	John Dalton	New York
1889	Edward Moore.....	Rochester, N. Y.
1890	W. H. Welch.....	Baltimore, Md.
1891	Robert F. Weir.....	New York
1892	Sir Joseph Lister.....	London
	E. G. Janeway.....	New York
	E. R. Squibb.....	Brooklyn, N. Y.
1894	E. L. B. Stickney.....	Springfield, Mass.
	David Webster.....	New York
	A. J. C. Skene.....	Brooklyn, N. Y.
	Charles E. Gross.....	Hartford, Conn.
1895	Sir James Grant.....	Ottawa
	Henry O. Marcy.....	Boston, Mass.
1896	W. W. Keen	Philadelphia, Pa.
	T. G. Thomas.....	New York
	T. M. Prudden.....	New York
1898	William T. Lusk.....	New York
	James W. McLane.....	New York
	Landon Carter Gray.....	New York
1899	F. H. Wiggin.....	New York
1900	Seneca D. Powell.....	New York
	J. W. S. Gouley.....	New York
1903	Reynold Webb Wilcox.....	New York
1904	William Osler.....	Baltimore, Md.
1905	George M. Sternberg.....	Washington, D. C.
	Francis Delafield	New York
1906	William T. Bull.....	New York
	Maurice H. Richardson.....	Boston, Mass.
1915	William C. Gorgas.....	Washington, D. C.
1917	Richard P. Strong.....	Boston, Mass.
	Herman M. Biggs.....	Albany, N. Y.

ALPHABETICAL LIST

OF THE

MEMBERS OF THE CONNECTICUT STATE MEDICAL SOCIETY,

With Date and Place of Graduation.

Aaronson, M. S.	Univ. N. Y., '13.....	Ansonia
Ahrams, A. E.	Albany, '81.....	Hartford
Adam, J. G.	Trinity, Tor., '00.....	Canaan
Adams, F. J.	Univ. N. Y., '95.....	Bridgeport
Adams, H. E.	Yale, '02.....	Hartford
Adams, W. W.	Bellevue, '91.....	Moosup
Agnew, R. R.	Yale, '08	Norwich
Alcorn, T. G.	P. & S., Boston, '97.....	Thompsonville
Alcott, R. W. E.	U. S. Med. Coll., '81.....	West Hartford
Allee, W. H.	P. & S., N. Y., '99.....	Ridgefield
Allen, C. N.	Univ. Vt., '81.....	Moosup
Allen, H. O.	Univ. N. Y., '79.....	Broad Brook
Allen, H. S.	Yale, '04.....	Woodbury
Allen, H. W.	Med. Chir., Phila., '09.....	Ridgefield
Allen, L. M.	P. & S., N. Y., '80.....	South Norwalk
Allen, M. F.	Med. Chi., Phila., '95.....	New Haven
Alling, A. N., B.A., Yale, '86	P. & S., N. Y., '91.....	New Haven
Allyn, L. M.	Univ. Penn., '93.....	Mystic
Alton, C. De L.	Bellevue, '75.....	Hartford
Anderson, A.	Univ. Mich., '93.....	New Britain
Anderson, H. G.	P. & S., N. Y., '89.....	Waterbury
Anderson, P. F.	N. Y. Homeo. Med. Col., '13....	Waterbury
Arnold, E. H.	Yale, '94.....	New Haven
Arnold, H. S., B.A., Yale, '00	Yale, '03.....	New Haven
Atkinson, E.	Univ. Vt., '93.....	Niantic
Austin, A. E., B.A., Amherst; M.A., Amherst, '04	Jefferson, '05.....	Sound Beach
Avery, J. W.	Univ. Vt., '97.....	Stamford
Axtelle, J. F.	L. I. Hosp. Coll., '78.....	Hartford
Backus, H. S.	L. I. Hosp. Coll., '03.....	Broad Brook
Bacon, L. W., B.A., Yale, '88	Yale, '92.....	New Haven
Bailey, J. E.	P. & S., N. Y., '85.....	Middletown
Bailey, M. A.	P. & S., Balt., '93.....	Hartford
Bailey, N. H.	P. & S., Balt., '11.....	Hartford
Baker, W. I.	Hahnemann, Phila., '98.....	Naugatuck
Baldwin, C. T.	Bellevue Med. Coll., '83.....	Derby

Baldwin, W. P., B.A., Yale, '88	Yale, '90, N. Y. Homeo., '91	New Haven
Banks, D. T.	Fordham, '12	Bridgeport
Barber, A. E.	Berkshire, '54	Bethel
Barber, W. L.	Bellevue, '73	Waterbury
Barber, W. L., Jr., B.A., Yale, '03	N. Y. Univ. & Bellevue, '07	Waterbury
Baribault, A. O.	Vict. Med. Coll., '89	New Haven
Barker, A. J.	Bellevue, '97	Torrington
Barnes, F. H.	N. Y. Homeo. Med., '96	Stamford
Barnes, G.	Univ. N. Y., '04	Killingly
Barnes, W. S., Ph.B., Yale, '95	Yale, '97	New Haven
Barnett, J. F.	Yale, '69	West Haven
Barnum, C. G., B.A., Middlebury Coll., '05; M.A., Middlebury Coll., '07	Yale, '11	Groton
Barrett, W. J.	Md. Med., '04	New Haven
Barrows, B. S., Ph.B., '83	Univ. N. Y., '87	Hartford
Bartlett, C. J., B.A., Yale, '92; M.A., Yale, '94	Yale, '95	New Haven
Bassett, C. W.	Univ. N. Y., '82	Sharon
Beach, C. C., Ph.B., Yale, '77	P. & S., N. Y., '82	Hartford
Beach, C. T.	Yale, '05	Hartford
Bean, W. B.	P. & S., N. Y., '95	Rockville
Bean, W. H., Ph.B., Yale, '88	Yale, '03	New Haven
Beaudry, J. H.	McGill, '13	Bridgeport
Beck, F. G.	Yale, '03	New Haven
Beckwith, H. W.	Dartmouth Med. Coll., '07	Seymour
Bell, G. N.	Yale, '92	Hartford
Bellosa, F.	Yale, '72	New Haven
Benedict, F. A.	P. & S., N. Y., '87	Seymour
Benedict, J. M.	Univ. N. Y., '82	Woodbury
Bercinsky, D.	Yale, '02	New Haven
Bergman, A., B.S., Stockholm, '89	City of N. Y., '95	New Haven
Bernstein, A.	Yale, '08	Bridgeport
Bevan, C. A.	Med. Chir., Phila., '87	West Haven
Bevans, T. F.	Univ. Minn., '03	Waterbury
Bickford, H.	Penn. Eclectic Med., '68	Hartford
Bill, P. W., Ph.B., Yale, '07	P. & S., N. Y., '01	Bridgeport
Biram, J. H.	Cornell, '10	Hartford
Birdsong, J. L., B.S., Nashville, '99	Johns Hopkins, '09	Hartford
Bishop, F. C., B.A., Yale, '92	Yale, '95	New Haven
Bishop, L. B., B.A., Yale, '86	Yale, '88	New Haven
Bissell, W., B.A., Yale, '53	Yale, '56	Lakeville
Bissell, W. B., B.A., Yale, '88	P. & S., N. Y., '92	Lakeville
Black, J. E., Ph.B., Yale, '03	Yale, '08	Shelton
Black, J. T.	Hahn. Med. Coll., '94	New London
Black, R. E.	P. & S., N. Y., '05	New London
Blackmar, J. S.	P. & S., N. Y., '98	Norwich
Blair, E. H.	P. & S., Balt., '06	Hartford
Blake, E. M.	Yale, '06	New Haven
Blank, E. F.	Starling, '97	Bridgeport
Blodget, H., B.A., Yale, '75	Bellevue, '81	Bridgeport
Blumer, G., M.A., Yale, '07	Cooper Med. Coll., '91	New Haven
Boardman, A. K.	Univ. Penn., '99	New Haven
Bodley, G. H.	Yale, '07	New Britain
Bohannon, C. G.	Univ. N. Y., '78	South Norwalk
Bohannon, R. L.	Univ. N. Y., '74	Stamford

Bonner, R. A.	Univ. Md., '12.....	Waterbury
Borden, C. H.	P. & S., N. Y., '96.....	Hartford
Bostwick, B. E.	L. I. Hosp. Coll., '90.....	New Milford
Botsford, C. P.	Yale, '94.....	Hartford
Boucher, J. B.	P. & S., Balt., '94.....	Hartford
Boucher, T. J.	P. & S., Balt., '04.....	Hartford
Bowers, W. C.	P. & S., N. Y., '77.....	Bridgeport
Boyle, R. J.	Yale, '08.....	Hartford
Brackett, A. S., B.A., Yale, '92	Jefferson, '95.....	Bristol
Bradeen, F. B.	Univ. Penn., '99.....	Essex
Bradley, M. S.	P. & S., N. Y., '92.....	Hartford
Bradley, T. R.	Univ. Md., '14.....	South Norwalk
Bradstreet, E. T., B.A., Yale, '74	P. & S., N. Y., '77.....	Meriden
Brainard, C. B., Ph.B., Yale, '94	Yale, '98.....	Hartford
Branon, A. W.	Jefferson, '13.....	Hartford
Bray, H. T.	Univ. Vt., '02.....	New Britain
Brayton, H. W., Ph.B., Brown, '06	Harvard, '11.....	Hartford
Brennan, P. J.	Yale, '07.....	Waterbury
Bridge, J. L., B.S., Wesleyan, '88;		
Ph.D., Clark, '94	Harvard, '03.....	Thompsonville
Briggs, A. S., A.B., Brown, '07	Harvard, '11.....	Cromwell
Brodsky, E. S.	Univ. Zurich, Switzerland, '08....	Westport
Bronson, W. T.	Univ. N. Y., '98.....	Danbury
Brooks, F. T., B.A., Yale, '90	L. I. Hosp. Coll., '93.....	Greenwich
Brooks, M. J.	Yale, '67.....	New Canaan
Brophy, E. J.	Yale, '04.....	Norwich
Brown, C. H.	Univ. N. Y., '93.....	Waterbury
Brown, D. C.	Yale, '84.....	Danbury
Brown, H. M.	Jefferson, '13.....	Suffield
Brown, L. R., B.A., Tufts, '00	Tufts, '07.....	Middletown
Browne, W. T., Ph.B., Yale, '78	Harvard, '82.....	Norwich
Brownlee, H. F.	P. & S., N. Y., '88.....	Danbury
Bryon, B. A.	Bellevue, '90	Ridgefield
Buel, J. L.	P. & S., N. Y., '88.....	Litchfield
Buffum, J. H., Ph.B., Univ. Vt., '96	Univ. Vt., '98.....	Wallingford
Bulkley, L. D., B.A., Yale, '66; M.A.	P. & S., N. Y., '69.....	New York City
Bull, J. N.	P. & S., N. Y., '78.....	Plainville
Bull, T. M.	P. & S., N. Y., '87.....	Naugatuck
Bull, W. T., Ph.B., Yale, '88	P. & S., N. Y., '02.....	Newport, R. I.
Bullard, M. J., B.A., Cornell, '02	Cornell, '04.....	Putnam
Bunce, P. D., B.A., Yale, '88	P. & S., N. Y., '91.....	Hartford
Burke, W.	L. I. Hosp. Coll., '96.....	Greenwich
Burke, W. P. J.	Yale, '90.....	New Haven
Burlingame, C. C.	Hahn., Chic., '08.....	South Manchester
Burnell, F. E.	L. I. Hosp. Coll., '94.....	South Norwalk
Burnham, J. L., B.A., Yale, '96	Yale, '99.....	Portland
Burr, N. A.	Yale, '01.....	South Manchester
Burroughs, G. McC.	Balt. Med. Coll., '00.....	Danielson
Bush, C. E.	Yale, '94.....	Cromwell
Butler, W. E.	Hahnemann, Phila., '97.....	New Haven
Butler, W. J.	L. I. Hosp. Coll., '95.....	New Haven
Byrne, D. J.	Yale, '09.....	Waterbury
Caldwell, W. E.	Balt. Med. Coll., '95.....	West Suffield
Calef, J. F., B.A., Wesleyan, '77	Yale, '80.....	Middletown

Callahan, J. W.	P. & S., Balt., '11	Norwich
Callender, E. F.	Yale, '12	Waterbury
Camp, C. W.	Univ. N. Y., '74	Canaan
Campbell, A. J.	P. & S., Balt., '85	Middletown
Campbell, H. B.	Univ. Penn., '09	Norwich
Campbell, S. S. S.	Univ. Vt., '02	Middletown
Cantarow, D.	Tufts, '11	Hartford
Carelli, G. F.	Yale, '11	New Haven
Carlin, C. H.	Univ. Mich., '96	Torrington
Carmalt, W. H., M.A. (Hon.), Yale, '81	P. & S., N. Y., '61	New Haven
Carroll, C. H.	Yale, '12	New Haven
Carroll, I. F.	Balt. Med., '06	Stamford
Carroll, J. J.	Dartmouth, '97	Naugatuck
Carter, E. B., Ph.B., Yale, '07	Johns Hopkins, '11	Hartford
Carver, J. P.	Albany, '96	Simsbury
Casey, W. B.	Univ. Med., '06	Norwich
Cassidy, L. T., Georgetown, '04	Georgetown, '08	Norwich
Cassidy, P.	Univ. Vt., '65	Norwich
Castle, F. E.	Yale, '70	Waterbury
Chaffee, J. S., Ph.B., Yale, '94	Univ. Penn., '97	Sharon
Chapin, H. B.	Georgetown, '08	Torrington
Chapman, A. T.	P. & S., N. Y., '64	Old Mystic
Chase, A. A.	Harvard, '01	Moosup
Chedel, C. B., B.A., Dartmouth, '03	Dartmouth, '06	Portland
Cheney, B. A., B.A., Yale, '88	Yale, '90	New Haven
Cheney, G. P.	Md. Med. School, '13	New London
Chester, T. W., B.A., Rutgers, '92; M.A., '95	P. & S., N. Y., '95	Hartford
Chipman, E. C., A.B., Alfred Univ., '87	P. & S., N. Y., '01	New London
Churchman, J. W., B.A., Princeton, '98; M.A., Princeton, '01; M.A. (Hon.), Yale, '15	Johns Hopkins, '02	New Haven
Claffey, M. F.	Univ. Vt., '14	Naugatuck
Clark, R. M.	Univ. Penn., '91	New Britain
Clarke, H. M.	Univ. Toronto, '09	Bridgeport
Clarke, J. A.	Bellevue, '97	Greenwich
Clarke, R. DeB., B.A., Univ. N. Y., '04	Johns Hopkins, '08	West Haven
Clifton, H. C.	Univ. Penn., '01	Hartford
Cloonan, J. J.	P. & S., Balt., '07	Stamford
Cobb, A. E.	Yale, '98	Falls Village
Coburn, J. M.	Boston Univ., '74	Norwalk
Cochran, L. B.	Univ. Penn., '93	Hartford
Cogswell, E. S.	Harvard, '12	Hartford
Cogswell, W. B.	Bellevue, '81	Stratford
Cohane, J. J.	Yale, '98	New Haven
Cohane, T. F.	Yale, '97	New Haven
Cohen, J., B.A., Coll. City of N. Y., '94	N. Y. Med. Coll., '09	Bridgeport
Coleburn, A. B.	P. & S., N. Y., '90	Norwalk
Collins, W. F.	Yale, '04	New Haven
Comfort, C. W., Jr., B.A., Yale, '07	Yale, '11	New Haven
Comstock, F. W.	Tufts Med., '13	New Haven
Conklin, J. H.	Univ. Vt., '99	Hartford
Conte, H. A.	L. I. Hosp. Coll., '12	New Haven
Converse, G. F.	Yale, '87	New Haven
Coogan, J. A.	Bellevue, '76	Windsor Locks

Cook, A. G.	P. & S., N. Y., '87.....	Hartford
Cooke, J. A.	Yale, '97.....	Meriden
Cooley, C. M.	Yale, '08.....	New Britain
Cooley, M. L.	Buffalo Univ., '86.....	Waterbury
Cooney, W. J.	Yale, '12.....	New Haven
Cooper, L. E., Ph.B., Yale, '84	Yale, '86.....	Ansonia
Coops, F. H., B.A., Dalhousie, '88	P. & S., Balt., '96.....	Bridgeport
Costanzo, J. J.	Univ. Ill.	Stamford
Costello, H. N., B.A., Yale, '06	Johns Hopkins, '10.....	Hartford
Cowan, I.	Wom. Med. Coll., N. Y., '92....	Waterbury
Cowell, G. B.	P. & S., N. Y., '88.....	Bridgeport
Cox, R. B.	McGill, '02.....	Collinsville
Coyle, A. E.	Women's Med., '12.....	Windsor Locks
Coyle, W. J.	Buffalo Univ., '85.....	Windsor Locks
Craig, C. F.	Yale, '94.....	Danbury
Cram, G. E., Ph.B., Yale, '97	P. & S., N. Y., '01.....	Norwalk
Crane, A. A., B.A., Yale, '85	Yale, '87.....	Waterbury
Crane, R. W.	Yale, '05.....	Stamford
Crary, D.	Yale, '69.....	Hartford
Cronin, W. D.	P. & S., N. Y., '00.....	New London
Crossfield, F. S.	Bellevue, '78.....	Hartford
Crowe, W. H.	P. & S., N. Y., '95.....	New Haven
Crowley, W. H.	Buffalo, '08.....	Hartford
Curley, W. H.	Cornell, '08.....	Bridgeport
Curran, P. J.	P. & S., N. Y., '01.....	Bridgeport
Curtis, R. A.	Univ. N. Y., '93.....	Stratford
D'Agostino, F.	Univ. Naples, '05.....	New Haven
Daly, C. W.	P. & S., Balt., '10.....	Hartford
Dart, F. H.	P. & S., N. Y., '84.....	Niantic
Davis, C. C.	Yale, '07.....	Essex
Davis, E. W., B.A., Yale, '80	Yale, '92.....	Seymour
Davis, G. A.	Jefferson, '03.....	Bridgeport
Dawson, J. W.	Toledo, '94.....	Stafford Springs
Day, F. L., B.A., Bates, '90	Bellevue, '93.....	Bridgeport
Deane, H. A.	Dartmouth, '68.....	Broad Brook
DeBonis, D. A., B.A., Victor Immanuel College, Naples, '84	Univ. Naples, '90.....	Hartford
DeForest, L. S., B.A., Yale, '79;		
M.A., Yale, '91	Univ. Jena, '85.....	New Haven
Delaney, W. J.	McGill Univ., '87.....	Naugatuck
DeLuise, I.	Naples Univ., '03.....	Waterbury
Deming, A. L. B., B.A., Cornell	Cornell, '05.....	Waterbury
Deming, C. D., B.A., Yale, '07	Johns Hopkins, '10.....	Hartford
Deming, E. A., Ph.B., Yale, '04	Johns Hopkins, '08.....	Hartford
Deming, N. L.	P. & S., N. Y., '93.....	Litchfield
Deming, W. C.	P. & S., N. Y., '84.....	Georgetown
Denne, T. H.	Univ. Vt., '05.....	West Hartford
Dennis, F. S., B.A., Yale, '72	Bellevue, '74.....	Norfolk
Devitt, E. K.	Univ. Med. Coll., '07.....	Lyme
DeWolfe, D. C.	Univ. Vt., '86.....	Bridgeport
Diebter, C. L.	Md. Med. Coll., '05.....	Stamford
Dickerman, W. E., B.A., Amherst, '90	Yale, '93.....	Hartford
Dickinson, F. McL., Ph.B., Yale, '00	P. & S., N. Y., '05.....	Rockville
Diefendorf, A. R., B.A., Yale, '94	Yale, '96.....	New Haven

- Dillon, J. H.Yale, '04.....Waterbury
 Dinnan, J. B.Yale, '04.....Meriden
 Dole, M. P., B.S., Mt. Holyoke, '89Wom. Med. Coll., '88.....New Haven
 Donahue, James J.P. & S., Balt., '96.....Norwich
 Donahue, J. D.Balt. Med., '09.....Norwich
 Donahue, John J.Balt. Med., '09.....Norwich
 Donaldson, W. H.Univ. N. Y., '81.....Fairfield
 Douglass, E. P.Univ. N. Y., '89.....Groton
 Dowd, M. J.Balt. Med. Coll., '01.....Thompsonville
 Dowling, J. F.L. I. Hosp. Coll., '90.....Hartford
 Down, E. A.P. & S., N. Y., '87.....Hartford
 Downing, F.Balt. Med. Coll., '08.....Moosup
 Driscoll, W. T.P. & S., Balt., '12.....Norwich
 Dryfus, M. L.Yale, '12.....New Haven
 Duesing, H.Univ. Wurtzburg, '92.....Bridgeport
 Dunham, M. Van B.Harvard, '67.....Greenfield Hill
 Dunn, F. M.Balt. Med. Coll., '08.....New London
 Dunn, G. W.Balt. Med. Coll., '09.....New Britain
 Dupee, E. W.Univ. Md., '00.....Bridgeport
 Dwyer, P. J., B.A., Fordham, '04Univ. N. Y., '97.....Waterbury
 Dwyer, R. J.Jefferson, '08.....Hartford
 Dwyer, W., B.S., Trinity, '09Johns Hopkins, '13.....Hartford
 Dye, J. S., B.A., Vanderbilt, '00P. & S., N. Y., '15.....Waterbury

 Eddy, G. W.Univ. Vt., '04.....Hartford
 Egan, J. J.Univ. Md., '12.....Waterbury
 Egbert, J. H., B.A., M.A., Univ. Chicago..P. & S., N. Y., '97.....Willimantic
 Eggleston, J. D.P. & S., N. Y., '79.....Meriden
 Elcock, H. A.Yale, '11.....New Britain
 Eliot, G., B.A., Yale, '77; Yale, M.A., '82..P. & S., N. Y., '80.....New Haven
 Elliott, C. H.B.Sc. Buckland, '02, M.Sc. Buckland, '04, Med. Chi., '05..Hartford
 Ellis, T. L., B.A., Yale, '94Yale, '96.....Bridgeport
 Elmer, E. O.P. & S., Balt., '94.....Hartford
 Emmett, F. A.Yale, '02.....Hartford
 Enders, T. B., B.A., Yale, '88P. & S., N. Y., '91.....Hartford
 Engelke, C.P. & S., N. Y., '02.....Waterbury
 English, C. F., B.S., St. Louis, '12St. Louis, '12.....New Hartford
 English, R. M.Yale, '98.....Danbury
 Esposito, J. V.Jefferson, '12.....New Haven

 Farrell, J. E.Univ. N. Y., '03.....Waterbury
 Fauver, E.P. & S., Columbia, '09.....Middletown
 Felty, J. W., M.A., Emporia, Kan., '97 ..Jefferson, '84.....Hartford
 Fenn, A. H.P. & S., Balt., '86.....Meriden
 Ferguson, R. J.Hahn, Phila., '89.....New Haven
 Ferrin, C. F., B.A., Univ. Vt., '91P. & S., N. Y., '95.....New London
 Ferris, H. B., B.A., Yale, '87Yale, '90.....New Haven
 Field, A.L. I. Hosp. Coll., '67.....East Hampton
 Finch, G. T., B.A., Hobart, '75;
 M.A., Hobart, '78Bellevue, '77.....Thompsonville
 Finch, S. E.Cornell, '04.....Sound Beach
 Finklestone, B. B.P. & S., Balt., '10.....Bridgeport
 Finn, E. J.Yale, '10.....Shelton
 Finnegan, J. H.Md. Med. Coll., '12.....Bridgeport
 Fischer, A.N. Y. Univ. & Bell. Hosp., '09....Hartford

Fischer, W. J. H.	Yale, '11.....	Milford
Fisher, J. W.	Wom. Med. Coll., Pa., '93....	Middletown
Fisher, W. E.	Univ. Penn., '76.....	Portland
Fiske, I. P.	Univ. N. Y., '75.....	Rockville
Fitch, F. T.	Yale, '04.....	East Hampton
Fitzgerald, E.	P. & S., Balt., '84.....	Bridgeport
Fitzgerald, W. H.	Univ. Vt., '95.....	Hartford
Flaherty, C. V.	Yale, '10.....	Hartford
Flaherty, J. E.	Georgetown, '08.....	Rockville
Fleck, H. W.	Jefferson, '96.....	Bridgeport
Flint, J. M., B.S., Univ. of Chicago, '95; Princeton, '00; M.A., Yale, '07	Johns Hopkins, '00.....	New Haven
Flynn, C. T.	Yale, '11.....	New Haven
Flynn, D. A.	Yale, '05.....	New Haven
Flynn, J. F.	P. & S., Balt., '12.....	Bridgeport
Flynn, J. H. J.	Yale, '95.....	New Haven
Fontaine, A.	Laval Univ., '92.....	Plainfield
Foot, C. J., B.A., Yale, '83; M.A., Yale, '90	Harvard, '87.....	New Haven
Ford, A. P.	Wom. Med. Coll., Pa., '04....	New Haven
Ford, G. S.	Bellevue, '93.....	Bridgeport
Formichelli, G.	Univ. Italy, '98.....	Bridgeport
Foster, D., M.A., Univ. Kan.	Yale, '99.....	Stamford
Foster, W. W.	Harvard, '82, Bureau of Pensions, Washington, D. C.	
Fox, D. A.	N. Y. Univ. & Bell. Hosp., '02....	Clinton
Fox, E. G.	Univ. N. Y., '83.....	Wethersfield
Fox, M. E.	L. I. Hosp. Coll., '03.....	Uncasville
Freeman, A. C.	Univ. Vt., '13.....	Norwich
French, H. T.	P. & S., N. Y., '91.....	Deep River
Fromen, E. T.	Milwaukee Med. Coll., '97....	New Britain
Frost, C. W. S.	P. & S., N. Y., '80.....	Waterbury
Gade, C. J.	Yale, '10.....	Bridgeport
Gailey, J. J.	Bowdoin, '98.....	Waterbury
Gallivan, T. H.	Yale, '09.....	Hartford
Gancher, J.	L. I. Coll. Hosp., '06.....	Waterbury
Gandy, R. R.	Univ. Penn., '99.....	Stamford
Ganey, J. M.	P. & S., N. Y., '04.....	New London
Gardner, C. W.	Univ. Md., '01.....	Bridgeport
Gardner, J. L.	Univ. Vt., '81.....	Central Village
Garlick, G. B.	Yale, '12.....	Bridgeport
Garlick, S. M., B.A., Dart., '74	Harvard, '77.....	Bridgeport
Gates, A. B.	L. I. Coll. Hosp., '12.....	Greenwich
Gaylord, C. W., B.A., Yale, '70	Yale, '72.....	Branford
Gaylord, C. W., Jr., B.A., Yale, '11	Yale, '15.....	Branford
Gessner, F. E.	Yale, '12.....	care Surg. Gen., U. S. Army
Gibbs, J. A.	P. & S., Chicago, '02.....	Suffield
Gilday, J. L.	Med. Coll. Cin., '13.....	Bridgeport
Gildersleeve, C. C.	Yale, '96.....	Norwich
Gill, M. H.	Yale, '96.....	Hartford
Gillin, C. A.	Univ. N. Y., '83.....	New Britain
Gilmore, J. L.	Yale, '04.....	West Haven
Girard, C. H.	Victoria, '96.....	Willimantic
Girouard, J. A.	Balt. Med. Coll., '99.....	Willimantic
Gladwin, E. H.	Wom. Med. Coll., N. Y., '72....	Hartford

Godfrey, C. C., Ph.B., Yale, '77	Dartmouth, '84	Bridgeport
Godfrey, W. T.	Cornell, '07	Stamford
Gold, J. D., Ph.B., Yale, '88	P. & S., N. Y., '91	Bridgeport
Goldberg, S. J.	Yale, '07	New Haven
Goldman, G.	Yale, '10	New Haven
Gompertz, L. M.	Yale, '96	New Haven
Good, W. M.	Yale, '09	Waterbury
Goodenough, E. W., B.A., Yale, '87	Yale, '93	Waterbury
Goodrich, C. A., B.S., Mass. Agr. Coll., '93	P. & S., N. Y., '96	Hartford
Goodrich, W. A.	Med. Chi., Phila., '02	Waterbury
Goodwin, R. S., Ph.B., Yale, '90	P. & S., N. Y., '93	Thomaston
Goodyear, R. B.	Yale, '68	North Haven
Gordon, W. F.	L. I. Hosp. Coll., '96	Danbury
Gorham, F.	Yale, '76	Lyons Plains
Grannis, I.	Yale, '96	Old Saybrook
Graves, C. B., B.A., Yale, '82	Harvard, '86	New London
Graves, F. G.	Yale, '92	Waterbury
Gray, W. H.	P. & S., N. Y., '89	Mystic
Green, J. H.	N. Y. Univ. & Bell. Hosp., '13	Waterbury
Greenstein, M. J.	Univ. South, '06	Bridgeport
Gregory, J. G., B.A., Yale, '65	P. & S., N. Y., '68	Norwalk
Griffen, D. P.	Jefferson, '14	Bridgeport
Griggs, J. B.	Yale, '97	Hartford
Griswold, A. H., B.A., Harvard, '02	Johns Hopkins, '06	Hartford
Griswold, F. P.	P. & S., N. Y., '76	Meriden
Griswold, J. E.	Univ. N. Y., '79	Rocky Hill
Griswold, M. H.	Univ. Vt., '13	Kensington
Griswold, R. M.	Univ. N. Y., '75	Kensington
Griswold, W. L., Ph.B., Yale, '81	P. & S., N. Y., '85	Greenwich
Guild, F. E.	L. I. Hosp. Coll., '85	Windham
Hackett, J. F., B.A., Yale, '03	McGill, '06	Mansfield Depot
Hale, F., B.S., Amherst, '05	P. & S., N. Y., '09	Bridgeport
Hall, E. D.	Harvard, '73	Meriden
Hall, J. B.	Yale, '92	Hartford
Hallock, F. K., B.A., Wesleyan, '82; M.A., Wesleyan, '85	P. & S., N. Y., '85	Cromwell
Hamant, I. L.	L. I. Hosp. Coll., '90	Norfolk
Hamilton, C. A.	Univ. Vt., '86	Waterbury
Hammond, S. M.	Yale, '96	Hartford
Hanchett, H. B.	Jefferson, '05	Torrington
Hanley, J. P.	Cornell, '06	Stafford Springs
Harrington, A. T., B.A., Yale, '97	Harvard, '10	Hartford
Harrington, J. L.	Jefferson, '03	New London
Harrington, R. E.	Balt. Med. Coll., '06	Montville
Harrison, J. F.	Jefferson, '03	Stamford
Hart, B. I., B.A., N. Y. Univ., '00	P. & S., N. Y., '04	Bridgeport
Harten, J. A.	Balt. Med., '10	New Haven
Hartnett, J. D.	Balt. Med., '11	Winsted
Hartshorn, W. E., Ph.B., Colo. Coll., '95	Univ. Minn., '98	New Haven
Harvey, E. R.	Balt. Med., '02	Seymour
Haskell, C. N.	Univ. Vt., '90	Bridgeport
Hatheway, C. M.	Bellevue, '03	Hartford
Havey, L. A.	Univ. Vt., '10	Southington

Haviland, C. F.	Univ. Syracuse, '96.....	Middletown
Hawkes, W. W., B.A., Yale, '79	Yale, '81.....	New Haven
Hawley, G. W., Pb.B., Yale, '96	Cornell, '99.....	Bridgeport
Hayes, J. F.	Univ. N. Y., '79.....	Waterbury
Haylett, H. B.	Univ. Vt., '07.....	Hartford
Hazen, R., B.A., Univ. Vt., '96	Univ. Vt., '98.....	Thomaston
Heady, C. K.	Jefferson, '13.....	Milford
Healey, T. F.	L. I. Med. Coll., '08.....	Waterbury
Healy, T. F.	Niagara, '93	Bridgeport
Henderson, A. C., B.S., Amherst, '99	P. & S., N. Y., '03.....	Stamford
Hendricks, A. L.	Yale, '07.....	New Haven
Henkle, E. A.	Cornell, '99.....	New London
Henze, C. W.	Yale, '00.....	New Haven
Hepburn, T. N., B.A., Randolph Macon Coll., Va., '00; M.A., '01	Johns Hopkins, '05.....	Hartford
Herbert, A. C.	Univ. Va., '03.....	New Haven
Herr, E. A., B.A., Dartmouth, '06	Univ. Vt., '09	Waterbury
Hershman, A. A.	Yale, '08.....	New Haven
Hertzberg, G. R.	Dartmouth, '99.....	Stamford
Hessler, H. P.	Yale, '03.....	New Haven
Heublein, A. C.	P. & S., N. Y., '02.....	Hartford
Hewitt, A. F.	Univ. Syracuse, '14.....	Stamford
Heyer, H. H.	Univ. N. Y., '87.....	New London
Hihhard, N.	Harvard, '82.....	Danielson
Higgins, G. S.	Yale, '01.....	North Haven
Higgins, H. E.	Univ. N. Y., '96.....	Norwich
Higgins, W. L.	Univ. N. Y., '90.....	South Coventry
Hill, C. E., B.A., Yale, '76	Harvard, '79.....	East Killingly
Hill, W. M.	Univ. Va., '97.....	Noank
Hills, L. H.	Wom. Med. Coll., '96.....	Willimantic
Hine, H. K.	Md. Med. Coll., '08.....	Waterbury
Hippolitus, P. D.	Yale, '12.....	Bridgeport
Hirata, I.	Yale, '12.....	New Haven
Hitchcock, W., Ph.B., Yale, '80	P. & S., N. Y., '83.....	Norwalk
Hodgson, T. C., M.B., Toronto, '94	Trinity Med. Coll., '94.....	East Berlin
Hoegen, J. A.	Homeo. Med. Coll., N. Y., '15..	care Surg. Gen., U. S. Army
Hoffmann, W. E.	Hahn., Chi., '05.....	Torrington
Hogan, W. J.	Yale, '98.....	Torrington
Holbrook, C. W., M.A., Amherst, '93	Yale, '96.....	East Haven
Holmes, LeV.	Boston Univ. Homeo. Sc. of Med., '04, So.	Manchester
Honeij, J. A.	Tufts, '07.....	New Haven
Horn, M. I., Med. Coll. N. Y., '12	N. Y. Homeo. Med. Coll., '13..	Bridgeport
Horton, W. W.	Univ. N. Y., '79.....	Bristol
Horwitz, M. T.	Md. Med. Coll., '13.....	Bridgeport
House, A. L.	Yale, '95.....	Stamford
Howard, A. W.	Univ. N. Y., '90.....	Wethersfield
Howd, S. J.	Jefferson, '83.....	Winsted
Howe, H. H.	Univ. Vt., '80.....	Yantic
Howland, DeR.	P. & S., N. Y., '06.....	Stratford
Howland, E. J.	Univ. Vt., '11.....	Colchester
Hoyt, H. E., B.A., Univ. Kansas	Alhany, '94.....	Noroton
Hulbert, W. S.	Univ. N. Y., '80.....	Winsted
Huntington, S. H.	Yale, '76.....	Norwalk
Hurd, A. L., B.S., Me., '82	Univ. Vt., '91.....	Somers
Hutchinson, J. E., B.A., Ohio State Univ., '09	Johns Hopkins, '05.....	Hartford

Hyde, C. E.	Yale, '10.....	Bridgeport
Hyde, F. C.	Univ. Mich., '00.....	Greenwich
Hyde, H. B.	Univ. Mich., '00.....	Greenwich
Hynes, F. H.	Tufts, '13.....	New Haven
Hynes, T. V.	Yale, '00.....	New Haven
Ingalls, P. H., B.A., Bowdoin, '77;		
M.A., Bowdoin, '85	P. & S., N. Y., '80.....	Hartford
Irving, S. W.	Yale, '91.....	New Britain
Irwin, V. J., Jr.	Yale, '10.....	Granby
Ives, E. B.	Yale, '03.....	Bridgeport
Ives, J. W.	Yale, '00.....	Milford
Jackowitz, G.		
Boston Univ. Med. Coll., '07...		New Haven
James, G. R.	Yale, '10.....	New Haven
Janvier, F.	Univ. Vt., '13.....	Address unknown
Jarvis, H. G., B.A., Yale, '06	Johns Hopkins, '10.....	Hartford
Jenkins, C. A.	Balt. Med. Coll., '11.....	Willimantic
Jennings, G. H.	L. I. Hosp. Coll., '75.....	Jewett City
Jones, C. E., Jr.	Bellevue, '09.....	Hartford
Johnson, E. H.	Univ. Vt., '88.....	Naugatuck
Johnson, E. H.	Univ. Md., '00.....	Waterbury
Johnson, J. M.	L. I. Hosp. Coll., '95.....	Bridgeport
Joslin, G. H.	Univ. Vt., '87.....	Mt. Carmel
Judson, W. H.	Jefferson, '78.....	Danielson
Kane, J. H.		
Md. Med. Coll., '04.....		Thomaston
Kane, T. F.	Bellevue, '87.....	Hartford
Keane, R. B.	Bellevue, '03.....	Bridgeport
Keating, H. F.	Yale, '08.....	New Haven
Keating, W. P. S.	Jefferson, '99.....	Willimantic
Keeler, C. B.	Hahn, Chicago, '88.....	New Canaan
Keith, A. R., B.A., Colby, '97	Harvard, '03.....	Hartford
Kellogg, H. K. W., B.S., Amherst, '89 ...	P. & S., N. Y., '03.....	Norwalk
Kelsey, E. R.	Univ. Md., '01.....	Winsted
Kendall, J. C., B.A., Yale, '70	P. & S., N. Y., '75.....	Norfolk
Keniston, J. M.	Harvard, '71.....	Portland, Me.
Kennedy, P. B.	Bellevue, N. Y., '95.....	Derby
Kennedy, P. T., B.A., Trinity, '05	Harvard, '09.....	Hartford
Kennedy, W. C.	Georgetown, '10.....	Torrington
Kent, J. B.	Harvard, '60.....	Putnam
Kiernan, W. H., B.A., Trinity	McGill, '98.....	Sandy Hook
Kilbourn, C. J.	Univ. Vt., '14.....	Collinsville
Kilbourn, C. L.	Yale, '97.....	New Haven
Kilbourn, J. A.	P. & S., Balt., '97.....	Hartford
Kilmartin, T. J.	Univ. N. Y., '95.....	Waterbury
Kingman, J. H., B.A., Yale, '82	P. & S., N. Y., '85.....	Middletown
Kingsbury, C. H.	Univ. Vt., '99.....	Danielson
Kingsbury, I. W., B.A., Harvard, '96	P. & S., N. Y., '03.....	Hartford
Kinsella, G. J.	Tufts, '12.....	New Britain
Kinsella, M. A.	Tufts, '12.....	New Britain
Kirby, F. A.	Columbian Univ., Wash., D. C., '95..	New Haven
Kirschbaum, E. H.	Yale, '12.....	Waterbury
Klein, A. W.	Cin. Coll. Med. & Surg., '89.....	Greenwich

Kleiner, I.	Yale, '08.....	New Haven
Kleiner, S. B., Ph.B., Yale, '11	Yale, '15.....	New Haven
Knapp, C. W.	P. & S., N. Y., '12.....	Greenwich
Knight, W. W.	Univ. N. Y., '76.....	Hartford
Knowlton, D. J., B.A., Harvard	Harvard, '12.....	Greenwich
Kowalewski, V. A., B.A., Yale, '99	Yale, '02.....	West Haven
La Field, W. A.	N. Y. Homeo., '05.....	Bridgeport
Lambert, H. B.	Jefferson, '09	Bridgeport
Lampson, E. R., B.A., Trinity, '91	P. & S., N. Y., '96.....	Hartford
Landry, A. B.	Jefferson, '09.....	Hartford
Lane, J. E., B.A., Yale, '94; M.A., Yale, '97	Yale, '03.....	New Haven
Lang, W. P.	Hahn, Phila., '01.....	New Haven
LaMoure, C. TenE.	Albany, '94.....	Mansfield Depot
LaPierre, A. J.	Univ. Vt., '10.....	Norwich
LaPierre, L. F.	Yale, '01.....	Norwich
La Pointe, J. W. H.	Laval Univ., Montreal, '92.....	Meriden
Lawlor, M. J., Holy Cross, '02	P. & S., N. Y., '06.....	Waterbury
Lawson, G. N., B.A., Yale, '90	Yale, '92.....	Middle Haddam
Lawson, S. J.	Univ. Va., '05.....	New London
Lawton, F. L., Ph.B., Yale, '90	Yale, '93.....	Hartford
Lawton, R. J.	Md. Med., '08.....	Terryville
Lay, W. S.	Yale, '01.....	Hamden
Lear, M.	Yale, '11.....	New Haven
Lee, F. H.	Albany, '88.....	Canaan
Lee, H. M.	Columbia, '98.....	New London
Lemmer, G. E.	Bellevue, '85.....	Danbury
Leverty, C. J.	N. Y. Univ. & Bell., '01.....	Bridgeport
Levy, L. H., Ph.B., Yale, '04; M.S., Yale, '06	Yale, '11.....	New Haven
Levy, W.	Yale, '11.....	West Suffield
Lewis, D. M., B.A., Yale, '97	Johns Hopkins, '01.....	New Haven
Lewis, G. F., B.A., '64	Yale, '65.....	Collinsville
Lewis, G. F., B.A., Trinity, '77	Yale, '84.....	Stratford
Licht, W. H., B.S., Trinity, '07	Johns Hopkins, '11.....	Waterbury
Linde, J. I.	Yale, '08.....	New Haven
Lindsley, C. P., Ph.B., Yale, '75	Yale, '78.....	New Haven
Locke, H. L. F.	Tufts, '12.....	Hartford
Lockhart, R. A.	Yale, '91.....	Bridgeport
Lockwood, H. DeF.	Yale, '01.....	Meriden
Loewe, L. J., M.D.V., Harvard, '98	Tufts, '01.....	Higganum
Loomis, F. N., B.A., Yale, '81	Yale, '83.....	Derby
Lord, S. A.	Harvard, '94.....	Concord, Mass.
Loveland, E. K.	Yale, '97.....	Watertown
Loveland, J. E., B.A., Wesleyan, '89	Harvard, '92.....	Middletown
Lowe, R. W.	Univ. N. Y., '89.....	Ridgefield
Luby, J. F., Ph.B., Yale, '76	P. & S., N. Y., '78.....	New Haven
Ludington, N. A.	Yale, '01.....	New Haven
Luther, C. V.	Wom. Med. Coll., Pa., '85....	Old Saybrook
Lyman, D. R.	Univ. Va., '99.....	Wallingford
Lynch, E. J.	Univ. Penn., '09.....	Shelton
Lynch, J. C.	Univ. N. Y., '86.....	Bridgeport
Lynch, J. F.	P. & S., Balt., '13.....	Hartford
Lynch, R. J.	Bellevue, '97.....	Bridgeport
Lyon, T. W.	Yale, '03.....	New Haven

MacDonald, J. J.	Yale, '07.....	Bridgeport
MacLean, D. R.	Balt. Med. Coll., '01.....	Stamford
Madden, L. I., B.A., Clark	Harvard, '10.....	Hartford
Maguire, E. O'R.	P. & S., N. Y., '98.....	Derby
Maher, J. S., Ph.B., Yale, '92	Yale, '96.....	New Haven
Maher, S. J.	Yale, '87.....	New Haven
Mailhouse, M., Ph.B., Yale, '76	Yale, '78.....	New Haven
Maine, T. P.	Med. Chi., '12.....	North Stonington
Maitland, L. A.	Univ. Penn., '95.....	Middletown
Maloney, D. J.	Univ. N. Y., '96.....	Waterbury
Maloney, M. W.	Jeff. Med. Coll., Phila., '97....	New Britain
Marcy, R. A.	N. Y. Univ. Med. Coll., '82.....	Litchfield
Mariani, N.	Univ. Naples, '93.....	New Haven
Marsh, A. D.	Yale, '08.....	Hampton
Marsh, A. W.	Univ. Vt., '82.....	New Haven
Martelle, H. A., B.A., Bowdoin, '01	Johns Hopkins, '05.....	Hartford
Martin, J. S.	Yale, '05.....	Watertown
Mason, L. I.	P. & S., N. Y., '91.....	Willimantic
May, G. W.	Milwaukee Med. Coll., '95, So. Manchester	
May, J. R.	Chicago, '76.....	Bridgeport
Mayberry, F. H.	Univ. Vt., '85.....	East Hartford
McCarthy, D. J.	P. & S., Balt., '06.....	Bridgeport
McClellan, W. E.	Toronto, '04.....	Hartford
McCook, J. B., B.S., Trinity, '90	P. & S., N. Y., '94.....	Hartford
McDermott, T. S.	Yale, '98.....	New Haven
McDonald, A. F.	P. & S., N. Y., '05.....	Waterbury
McDonnell, R. A., B.A., Yale, '90	Yale, '92.....	New Haven
McElman, H. W.	Boston Univ., '10.....	Meriden
McFarland, D. W.	Univ. N. Y., '85.....	Greens Farms
McGaughey, J. D.	Jefferson, '10.....	Wallingford
McGovern, E. F.	Univ. Balt., '01.....	Bridgeport
McGrath, J. H.	Yale, '08.....	Waterbury
McGuire, F. J.	Yale, '97.....	New Haven
McGuire, W. C.	Yale, '09.....	New Haven
McIntosh, E. F.	Yale, '97.....	New Haven
McKee, F. L.	P. & S., N. Y., '99.....	Hartford
McKendree, C. A., B.A., Dartmouth, '07 ..	Dartmouth, '10.....	New York City
McLarney, T. J.	P. & S., Balt., '97.....	Waterbury
McLaughlin, J. H.	P. & S., Balt., '09.....	Jewett City
McLaury, F. H.	P. & S., N. Y., '95.....	Westport
McLinden, J. J.	Univ. Penn., '98.....	Waterbury
McNeil, R.	Yale, '62.....	South Salem, N. Y.
McPartland, P. F.	Balt. Med. Coll., '05.....	Hartford
McPherson, S. H.	Tufts, '13.....	Hartford
McQueen, A. S.	Yale, '01.....	Branford
McQueeney, A.	Yale, '05.....	Bridgeport
McSweeney, J. E.	Univ. Vt., '91.....	Hartford
Mead, K. C.	Wom. Med. Coll., Pa., '88.....	Middletown
Meagher, W. F.	Univ. Vt., '99.....	Hartford
Meek, J. A.	McGill Univ., '75.....	South Norwalk
Meeks, H. A.	Bellevue, '90.....	Meriden
Mendillo, A. J.	Yale, '07.....	New Haven
Mercer, C. H.	Md. Med. Coll., '05.....	Ansonia
Merrill, W. T., B.A., Dartmouth, '87	Dartmouth, '90.....	New Haven

Miles, H. S., Ph.G., N. Y., '88	P. & S., N. Y., '91	Bridgeport
Miller, G. R.	P. & S., Balt., '86	Hartford
Miller, J. R.	Johns Hopkins, '11	Hartford
Miller, W. R.	Alhany, '98	Southington
Minor, G. M.	L. I. Hosp. Coll., '85	Waterford
Mitchell, J. T.	Univ. N. Y., '91	Middletown
Molumphy, D. J.	Jefferson, '06	Hartford
Monagan, C. A., B.S., Trinity, '93	Univ. Penn., '98	Waterbury
Monahan, J. B.	Dartmouth, '94	New Haven
Moody, M. B.	Buffalo, '76	Berkeley, Cal.
Moore, DeC. Y.	N. Y. Homeo. Med. Sc., '95, So. Manchester	
Moore, H. D.	Hahn, Phila., '93	Danbury
Moore, H. D.	Bellevue, '97	Torrington
Morasse, L. O.	Victoria, '84	Putnam
Morgan, W. D., B.A., Trinity, '72	P. & S., N. Y., '76	Hartford
Moriarty, J. L.	Harvard, '96	Waterbury
Morrell, F. A.	L. I. Hosp. Coll., '85	Putnam
Morris, W. H.	Johns Hopkins, '12	New Haven
Morrissey, M. J.	P. & S., Balt., Med., '97	Hartford
Morrissey, W. T., B.A., Holy Cross Coll.	Baltimore, '09	Unionville
Morse, A.	Johns Hopkins, '06	New Haven
Morse, V. H. C.	Harvard, '03	Avon
Moser, O. A.	Yale, '02	Rocky Hill
Moulton, E. S., B.A., Oberlin, '91	Yale, '94	New Haven
Mountain, J. H.	Jefferson, '96	Middletown
Mullins, S. F.	Bellevue, '06	Danbury
Munger, C. E., Ph.B., Yale, '80	P. & S., N. Y., '83	Waterbury
Murdock, T. P.	Balt. Med., '10	Meriden
Murless, H. W.	Louisville Med. Coll., '93	Guilford
Murphy, J.	Univ. Penn., '95	Middletown
Murphy, J. A.	N. Y. Univ., '97	New Haven
Murphy, W. G.	Alhany Med. Coll., '90	Hartford
Nadler, A. G., B.A., Yale, '93	Yale, '96	New Haven
Naylor, J. H.	Univ. Vt., '95	Hartford
Neary, L. D.	Georgetown, '13	Torrington
Nemoin, J.	P. & S., N. Y., '05	Stamford
Nettleton, F. I., Ph.B., Yale, '94	Yale, '97	Shelton
Nettleton, I. LaF.	L. I. Hosp. Coll., '98	Bridgeport
Newton, C. B.	Yale, '56	Stafford Springs
Nichols, R. W., Ph.B., Yale, '08	Johns Hopkins, '12	Montowese
Nickerson, N.	N. Y. Med. Coll., '57	Meriden
Nolan, D. A., Ph.G., Phil., '93	Med. Chir., Phila., '95	Middletown
Nolan, J. M.	P. & S., Balt., '94	Westport
North, J. H.	L. I. Hosp. Coll., '73	West Cornwall
Notkins, L. A.	Yale, '03	New Haven
Noxon, G. H.	Balt. Med. Coll., '93	Darien
Nugent, H. W.	Hahn, Phila., '10	New Haven
Ober, G. E.	Univ. Vt., '90	Bridgeport
O'Brien, F. J.	Fordham, '13	Middletown
O'Brien, J. F.	Yale, '08	Meriden
O'Brien, J. F.	Univ. Vt., '13	Hartford
O'Connell, T. S.	P. & S., Balt., '92	East Hartford

O'Connor, P. T.	Bellevue, '92.....	Waterbury
Oelschlagel, H. C.	Jefferson, '11.....	Torrington
O'Flaherty, E. P.	Cornell, '01.....	Hartford
O'Hara, B. A.	Bellevue, '82.....	Waterbury
O'Hara, W. J. A.	P. & S., Balt., '93.....	Bridgeport
O'Loughlin, T. F.	Univ. N. Y., '96.....	Rockville
O'Neil, O.	Jefferson, '04.....	Willimantic
O'Neil, W. H.	Balt. Med. Coll., '11.....	Ansonia
Onderdonk, H. J.	Univ. N. Y., '97.....	East Hartford
Oshorn, G. W., B.A., Yale, '84	P. & S., N. Y., '87.....	Bridgeport
Osborne, O. T., M.A., Yale, '99	Yale, '84.....	New Haven
O'Shaughnessy, E. J.	Bellevue, '99.....	New Canaan
Otis, S. D.	Univ. N. Y., '77.....	Meriden
Outerson, A. M.	Jefferson, '06.....	Hartford
Outerson, R.	Jefferson, '02.....	Windsor Locks
Overlock, S. B., B.A., Colby, '86	Bellevue, '89.....	Pomfret
Owens, W. T.	Univ. Vt., '99.....	Hartford
Paine, R. C.	Dartmouth, '00.....	Thompson
Page, C. I.	P. & S., N. Y., '90.....	Litchfield
Park, C. E.	Yale, '81.....	New Haven
Parker, E. O., B.A., Harvard, '91	P. & S., N. Y., '96.....	Greenwich
Parker, S. H.	Univ. Va., '04.....	Hartford
Parker, T. R.	Univ. N. Y., '80.....	Willimantic
Parlato, M. A.	Yale, '08.....	Derby
Parmelee, E. K.	L. I. Hosp. Coll., '89.....	Ansonia
Partree, H. T., B.A., Yale, '87	Yale, '92.....	Torrington
Patterson, D. C.	P. & S., Balt., '06.....	Bridgeport
Peck, F. J.	Univ. Mich., '92.....	Ansonia
Peck, R. E., Ph.B., Yale, '90	Yale, '93.....	New Haven
Peckham, L. C.	Wom. Med. Coll., Pa., '85.....	New Haven
Pendleton, C. H.	Western Reserve, '60.....	Hebron
Perkins, C. H.	P. & S., N. Y., '91.....	Norwich
Perreault, J. N.	Tufts, '07.....	Danielson
Perry, E. F.	L. I. Hosp. Coll., '97.....	Putnam
Peters, H. LeB., B.A., Univ. N. B.	McGill, '07.....	Bridgeport
Petrocelli, G. G.	Univ. Naples, '05.....	Middletown
Phelps, C. D., B.A., Amherst, '89; M.A., Amherst, '97	P. & S., N. Y., '95.....	West Haven
Phelps, S. E.	McGill, '99.....	Farmington
Philip, R. G.	Wom. Med. Coll., N. Y. Inf., '75, Stamford	
Phillips, A. N.	P. & S., N. Y., '83.....	Stamford
Phillips, F. L., Ph.B., Yale, '02	Yale, '06.....	New Haven
Pierce, E. W.	Univ. N. Y., '85	Meriden
Pierson, J. C.	Tufts, '03.....	Hartford
Pierson, S.	P. & S., N. Y., '81.....	Stamford
Pike, E. R.	Univ. Mich., '98.....	East Woodstock
Pinney, A. W.	Hahn. Med. Coll., Phila., '00.....	Norfolk
Pinney, R. W.	P. & S., N. Y., '88.....	Derby
Pitman, E. P., B.A., Dart., '86	Dartmouth, '91.....	New Haven
Platt, D. P.	N. Y. Univ. & Bell. Hosp., '09.....	Stamford
Platt, W. L.	P. & S., N. Y., '81.....	Torrington
Plumstead, M. W.	Jefferson, '87.....	East Haddam
Plunkett, T. F.	L. I. Coll. Hosp., '08.....	Derby

- Pomeroy, N. A. P. & S., N. Y., '96..... Waterbury
 Pons, L. J. Univ. Vt., '85..... Devon
 Porter, D. W., B.A., Yale, '08 Harvard, '12..... New Haven
 Porter, G. L., B.A., Brown, '59 Jefferson, '62..... Bridgeport
 Porter, I. N., B.A., Lincoln, '90 Yale, '93..... New Haven
 Porter, W., Jr. Chicago Med. Coll., '81..... Hartford
 Potter, F. E. P. & S., N. Y., '89..... Portland
 Powers, J. T. H. P. & S., Balt., '10..... Bridgeport
 Pratt, A. M. Bellevue, '92..... Deep River
 Pratt, E. P. & S., N. Y., '87..... Torrington
 Pratt, E. L. Univ. N. Y., '84..... Winsted
 Pratt, L. I. Que., '79..... Taftville
 Pratt, N. T., B.A., Trinity, '94;
 M.A., Trinity, '97 Yale, '04..... Bridgeport
 Prince, A. L. Yale, '10..... New Haven
 Purdy, A. M. Univ. Mich., '84..... Mystic
 Purinton, C. O., Ph.B., Yale, '97 Yale, '00..... West Hartford
 Purney, J. Balt. Med. Coll., '06..... New Britain
 Pyle, F. W., B.A., Yale, '97 P. & S., N. Y., '02..... Bridgeport
- Quinlan, R. V. Balt. Med., Coll., '10..... Meriden
 Quinn, J. F. Balt. Med. Coll., '06..... Bridgeport
 Quinn, R. J. P. & S., Balt., '13..... Waterbury
- Radam, F. Wom. Med. Coll., '12..... Hartford
 Rand, R. F., Ph.B., Yale, '95 Johns Hopkins, '00..... New Haven
 Randall, W. S., Ph.B., Yale, '83 P. & S., N. Y., '86..... Shelton
 Reardon, W. F. Bellevue, '09..... Hartford
 Reeks, T. E. Univ. Md., '01..... New Britain
 Reich, U. S. Univ. Va., '09..... Bridgeport
 Reidy, D. D. Med. Chi., Phila., '99..... Winsted
 Reidy, M. J. P. & S., N. Y., '10..... Winsted
 Reilly, F. H. Yale, '97..... New Haven
 Reilly, J. M. Yale, '78..... New Haven
 Reilly, W. A. Naugatuck
 Reinert, E. G. Balt. Med. Coll., '95..... Hartford
 Reynolds, H. St.C. Yale, '10..... New Haven
 Reynolds, H. S. Albany Med., '14..... Hartford
 Reynolds, W. G., B.A., Yale, '95 Yale, '97..... Hotchkissville
 Rice, R. W. P. & S., Balt., '09..... South Manchester
 Rice, W. E. Univ. Mich., '72..... Stamford
 Richards, W. S. Univ. N. Y., '89..... Winsted
 Richardson, D. A. Yale, '81..... Derby
 Rinde, H., N. Dakota, '02 Johns Hopkins, '08..... Middletown
 Rindge, M. P. P. & S., Cleveland, '05..... Madison
 Ring, H. W., B.A., Bowdoin, '79;
 M.A., Bowdoin, '82 Me. Med. Coll., '87..... New Haven
 Riordan, M. D. Univ. Vt., '12..... Waterbury
 Rising, H. B. Yale, '95..... South Glastonbury
 Robbins, C. H. Balt. Med. Coll., '95..... New Haven
 Robbins, G. O. Yale, '79..... Waterbury
 Robbins, J. W. Bellevue, '80..... Naugatuck
 Roberts, E. K. Yale, '80..... New Haven
 Roberts, E. R. Bowdoin, '13..... Bridgeport

Robinson, J.	P. & S., N. Y., '98.....	New Britain
Robinson, M. P.	Yale, '95.....	Windsor Locks
Robinson, P. S., Ph.B., Yale, '89	Yale, '91.....	New Haven
Robinson, R.	L. I. Hosp. Coll., '69.....	Danielson
Roch, E.	Victoria School, Montreal, North Grosvenordale	
Roche, T. J.	P. & S., Balt., '11.....	Bridgeport
Rockwell, T. F.	Univ. N. Y., '81.....	Rockville
Rodman, C. S.	P. & S., N. Y., '68.....	Waterbury
Rogers, J. F.	Yale, '05.....	New Haven
Rogers, P. H.	Yale, '12.....	West Haven
Rogers, T. W.	P. & S., N. Y., '90.....	New London
Roller, R. D., Jr., B.A., W. Va., '00	Univ. Coll. Med., '05.....	Bridgeport
Ronayne, F. J.	Yale, '04.....	Hartford
Rooney, J. F.	Balt. Med. Coll., '03.....	Hartford
Root, E. K.	Univ. N. Y., '79.....	Hartford
Root, J. E., B.S., Boston Univ., '76	P. & S., N. Y., '83.....	Hartford
Rowe, M. J.	P. & S., Balt., '96.....	Bridgeport
Rowley, A. M.	Univ. Vt., '97.....	Hartford
Rowley, J. C., B.A., Harvard, '02	Harvard, '06.....	Hartford
Rowley, R. L.	Yale, '03.....	Hartford
Ruland, F. D.	P. & S., N. Y., '89.....	Westport
Russ, H. C., B.A., Yale, '02	Johns Hopkins, '06.....	Hartford
Russell, D. G., Ph.B., Yale, '09	Yale, '14.....	care Surg. Gen. U. S. Army
Russell, E.	Univ. Penn., '04.....	Waterbury
Russell, G. W.	Bellevue, '96.....	Waterbury
Russell, T. H., Ph.B., Yale, '06	Yale, '10.....	New Haven
Russell, W. S.	Yale, '80.....	Wallingford
Ryan, J. P.	P. & S., N. Y., '03.....	Hartford
Ryan, P. J.	Niagara, '98.....	Hartford
Ryan, T. M., B.A., Loyola Coll.	Balt. Med. Coll., '02.....	Torrington
Ryder, R. H.	P. & S., Balt., '13.....	Waterbury
Sagarino, J. F.	P. & S., N. Y., '13.....	Hartford
Sandy, W. C., B.A., Columbia, '98	P. & S., N. Y., '01.....	Middletown
Sanford, C. E.	Yale, '06.....	New Haven
Sanford, L. C., B.A., Yale, '90	Yale, '93.....	New Haven
Sanford, W. H.	Balt. Med. Coll., '95.....	New Haven
Sansone, N. M.	Denver Med. Coll., '02.....	Bridgeport
Scanlon, T. F.	Yale, '07.....	Bridgeport
Scarhrough, M. McR., B.A., Univ. of Oregon, '02; M.A., Yale, '05	Yale, '07.....	New Haven
Schavoir, F.	P. & S., Balt., '87.....	Stamford
Scholl, R. F.	Yale, '12.....	New Haven
Schuele, G. J.	Yale, '08.....	Bridgeport
Schulz, H. S.	Hahn, Phila., '01.....	Bridgeport
Scotfield, E. J. S.	Univ. N. C., '08.....	Danbury
Scrimgeour, A.	L. I. Coll. Hosp., '09	Bridgeport
Sears, C. A.	Univ. N. Y., '62.....	Portland
Sedgwick, J. T.	Univ. N. Y., '81.....	Litchfield
Segnalla, E.	Yale, '12.....	New Haven
Segur, G. C.	P. & S., N. Y., '82.....	Hartford
Shannon, T. J.	Balt. Med., '99.....	Falls Village
Sharpe, E. T.	Univ. N. Y., '95.....	Derby
Sharpe, H. R.	Univ. Vt., '00.....	Manchester

Shea, J. F.	P. & S., Balt., '11.....	Bridgeport
Sheahan, M. J.	Yale, '96.....	Derby
Sheahan, W. L.	P. & S., Balt., '12.....	New Haven
Shelton, G. A., M.A. (Hon.), Yale, '91 ...	Yale, '69.....	Sbelton
Sherer, H. C.	Univ. N. Y., '92.....	South Norwalk
Sherman, F. A.	Wom. Med. Coll., N. Y., '91....	Bridgeport
Sherrill, G.	P. & S., '91.....	Stamford
Shirk, S. M.	Hahn, Phila., '97.....	Stamford
Simmons, W. N.	Univ. Vt., '89.....	Tolland
Simonds, C. E.	Univ. N. Y., '97.....	Willimantic
Simonton, F. F.	Me. Med. Sc., '03.....	Thompsonville
Simpson, F. T., B.A., Yale, '79	Bowdoin, '84.....	Hartford
Skiff, F. S.	Univ. N. Y., '88.....	Falls Village
Skiff, S. E.	Hahn, Phila., '03.....	New Haven
Skiff, W. C.	N. Y. Hom. Coll., '83.....	New Haven
Skinner, C. E., LL.D. Rutherford, N. C., '00	Yale, '91.....	New York
Slattery, M. D.	Yale, '93.....	New Haven
Slemons, J. M.	Johns Hopkins, '01.....	New Haven
Sloan, T. G.	P. & S., N. Y., '99.....	South Manchester
Smail, M. L.	Univ. Vt., '93.....	Mystic
Smirnow, M. R.	Yale, '06.....	New Haven
Smith, A. C.	P. & S., Balt., '10.....	Danbury
Smith, C. F.	N. Y. Homeo. Coll., '84.....	Wallingford
Smith, D., B.A., Yale, '96	Yale, '99.....	Bridgeport
Smith, D. P., B.A., Yale, '10	Yale, '12.....	Meriden
Smith, E. H., B.A., Amherst, '85	P. & S., N. Y., '89.....	Redding
Smith, E. L.	Yale, '96.....	Waterbury
Smith, E. M.	P. & S., N. Y., '82.....	Bridgeport
Smith, E. T., M.A., Trinity, '03 Hon.	Yale, '97.....	Hartford
Smith, E. W., B.A., Yale, '78	McGill, Mont., '82.....	Meriden
Smith, F. DeW.	Hahn., '10.....	Guilford
Smith, F. L.	Univ. N. Y., '75.....	Vernon
Smith, F. L.	Albany, '83.....	Bridgeport
Smith, F. M.	Univ. Vt., '11.....	Willimantic
Smith, F. S., B.A., Yale, '79	Yale, '82.....	Chester
Smith, G. A., B.A., Yale, '03	Johns Hopkins, '07.....	Stepney
Smith, G. T.	Univ. Md., '97.....	Mansfield Depot
Smith, H. H.	Jefferson, '77.....	New Haven
Smith, M.	Univ. N. Y., '83.....	New Haven
Smith, N. P.	P. & S., N. Y., '82.....	Norwich
Smith, W. E.	Univ. Mich., '10.....	Stamford
Smykowski, B. L.	Balt. Med., '11.....	Bridgeport
Smyth, H. E.	McGill Univ., '84.....	Bridgeport
Sperry, F. N.	Yale, '94.....	New Haven
Spicer, E.	Yale, '05.....	Waterbury
Spier, S. L.	Yale, '04.....	New Haven
Sprague, C. H.	P. & S., N. Y., '04.....	Bridgeport
Standish, F. B.	Yale, '03.....	New Haven
Standish, J. H.	Univ. N. Y., '95.....	Hartford
Stanley, C. E.	Univ. Penn., '76.....	Middletown
Stanton, J. G., B.A., Amherst, '70	Wurtzburg, '73.....	New London
Starr, R. S., B.A., Trinity, '97; M.A., Trinity, '00	P. & S., N. Y., '01.....	Hartford

Stauh, G. E.	L. I. Hosp. Coll., '93.....	New Milford
Staub, J. H.	L. I. Hosp. Coll., '99.....	Stamford
Steadman, W. G.	Bellevue, '74.....	Southington
Steele, H. M., Ph.B., Yale, '94	Johns Hopkins, '02.....	New Haven
Steinherger, M., B.A., Coll. Colvensic '83, Royal Hun. Univ., Buda Pesth, '89..	N. Y. Med. Coll., '09.....	Bridgeport
Steiner, W. R., B.A., Yale, '92; M.A., Yale, '95	Johns Hopkins, '98.....	Hartford
Stern, C. S., B.A., C. C. N. Y., '88	Bellevue, '91.....	Hartford
Stetson, J. E.	Yale, '81.....	New Haven
Stetson, P. R.	Yale, '02.....	New Haven
Stevens, C. N.	Tufts, '98.....	West Cornwall
Stevens, F. W.	Yale, '00.....	Bridgeport
Stevens, H. G.	Balt., '04.....	New Preston
Stewart, H. E.	Yale, '10.....	New Haven
Stilphen, H. L.	Univ. Vt., '13.....	Shelton
Stoll, H. F.	P. & S., N. Y., '02.....	Hartford
Storrs, E. R.	Jefferson, '90.....	Hartford
Stratton, E. A.	Univ. N. Y., '83.....	Danbury
Strobel, J. E.	Temple, '09.....	Hartford
Strosser, H.	Univ. Berlin, '84.....	New Britain
Sullivan, D.	Univ. N. Y., '97.....	New London
Sullivan, D. F., B.A., Niagara Univ., '89..	Niagara Univ., '91.....	Hartford
Sullivan, J. B., Yale, '03	Yale, '06.....	New Haven
Sullivan, J. F., B.A., Yale, '90	P. & S., N. Y., '94.....	New Haven
Sullivan, M. J.	Cornell, '00.....	Meriden
Sunderland, P. U.	N. Y. Hom. Med., '94.....	Danbury
Swain, H. L.	Yale, '84.....	New Haven
Swan, H. C.	Tufts, '03.....	Hartford
Sweet, G. C.	P. & S., Balt., '12.....	New Haven
Sweet, J. H. T.	Tufts, '12.....	Hartford
Swenson, A. C.	Yale, '02.....	Waterbury
Swett, P. P.	Univ. N. Y., '04.....	Hartford
Taft, C. E.	Harvard, '86.....	Hartford
Taylor, J. C.	Univ. Mich., '91.....	New London
Taylor, M. W.	Tufts, '05.....	Hartford
Teele, J. E., B.A., Tahor, '85	Wom. Med. Coll., Pa., '88....	New Haven
Tenney, A. J., Ph.B., Yale, '77	Yale, '83.....	Branford
Thibault, L. J.	Yale, '00.....	Waterbury
Thoms, H.	Yale, '10.....	New Haven
Thomson, T. L.	Hahn., Phil., '01.....	Torrington
Thompson, E. J.	Wom. Med. Coll., N. Y., Inf., '96,	Hartford
Thompson, G.	Me. Med. Coll., '89.....	Taftville
Thompson, W. N., B.A., Bates, '88	Jefferson, '89.....	Hartford
Tileston, W., Harvard, '95	Harvard, '99.....	New Haven
Tingley, W. K.	Bellevue, '86.....	Norwich
Tinker, W. R.	Univ. N. Y., '80.....	South Manchester
Tolles, B. I., B.A., Yale, '01	Yale, '04.....	Ansonia
Topping, J. R.	Univ. N. Y., '82.....	Bridgeport
Townsend, C. R.	Alhany, '95.....	Bridgeport
Townshend, R., Ph.B., Yale, '00	P. & S., N. Y., '05.....	New Haven
Tracey, D. W., Ph.B., Yale, '04	Johns Hopkins, '08.....	Hartford
Tracey, W. J.	Univ. N. Y., '89.....	Norwalk

- Tracy, R. G. Yale, '00.....New Haven
 Treat, W. H. Yale, '06.....Derby
 Trecartin, D. M. Dartmouth, '94.....Bridgeport
 Truex, E. H. Univ. Louisville, '08.....East Hartford
 Tuch, M. Bellevue, '06.....Hartford
 Tukey, F. M., B.A., Bowdoin, '91 Harvard, '94.....Bridgeport
 Turbert, E. J. Balt. Med. Coll., '04.....Hartford
 Turkington, C. H., Ph.B., Yale, '03 Johns Hopkins, '07.....Litchfield
 Turner, A. R., B.A., Amherst, '84 Univ. Paris, '94.....Norwalk
 Turrill, H. S., Ph.B., Yale, '06 Yale, '10.....Kent
 Tuttle, A. L. Albany, '88.....Kent
 Tuttle, C. A., Ph.B., Yale, '88 Yale, '90.....New Haven
 Tuttle, F. J. Univ. Vt., '98.....Naugatuck
 Tynan, J. J. P. & S., Balt., '07.....Torrington
- Upson, C. R. L. I. Hosp. Coll., '78.....Bristol
- Vail, E. S. N. Y. Homeo. Med. Coll., '82, Thompsonville
 Vail, G. F., B.S., Villanova, '98 Univ. Penn., '02.....Hartford
 Vail, T. E., Ph.B., Yale, '07 Johns Hopkins, '11.....Thompsonville
 VanStrander, W. H. Univ. Vt., '00.....Hartford
 Van Vleet, P. P. Bellevue, '69.....Stamford
 Variell, A. Bowdoin, '94.....Waterbury
 Vastola, A. P. Fordham, '12.....Waterbury
 Verdi, W. F., M.A. (Hon.), Yale, '14 Yale, '94.....New Haven
 Vernlund, C. F., B.S., S. Dak. State, '09 ..Howard, '14.....Hartford
- Wadhams, S. H. Yale, '96.....care Surg. Gen., U. S. Army
 Waite, F. L. Bellevue, '88.....Hartford
 Waite, R. L., Ph.B., '05 Johns Hopkins, '09.....Hartford
 Wales, F. J. Univ. N. Y., '97.....Stepney Depot
 Walsh, F. W. P. & S., Balt., '85.....Rockville
 Walsh, J. W. P. & S., Balt., '07.....address unknown
 Walsh, T. P. Univ. Vt., '02.....Middletown
 Ward, H. W. Balt. Med. Coll., '03.....Winsted
 Ward, J. W. P. & S., Balt., '95.....Hartford
 Warner, C. N. Jefferson, '96.....Litchfield
 Warner, G. H. Yale, '97.....Bridgeport
 Wason, D. B. P. & S., N. Y., '00.....Bridgeport
 Waterhouse, H. E. P. & S., N. Y., '02.....Bridgeport
 Waterman, P. Cornell, '02.....Hartford
 Waters, J. B. Univ. Vt., '90.....Hartford
 Watson, W. C. L. I. Hosp. Coll., '97.....Bridgeport
 Watson, W. S. L. I. Hosp. Coll., '87.....Danbury
 Weadon, W. L. Va. Med. Coll., '05.....Bridgeport
 Weed, A. R. Univ. Vt., '12.....New Haven
 Weed, F. A. Albany, '12.....Torrington
 Weidner, C. Univ. Ind., '93.....Hartford
 Weir, J. M. Queen's Univ., Kingston, Ont., '91, Hartford
 Welch, G. K. P. & S., N. Y., '78.....Hartford
 Welch, H. L., B.A., Yale, '94 Yale, '97.....New Haven
 Welch, T. F. Georgetown, '04.....Hartford
 Welch, W. C. Yale, '77.....New Haven
 Welden, E. B. P. & S., Balt., '13.....Bridgeport

Weldon, T. H.	Univ. N. Y., '83.....	South Manchester
Wellington, W. W.	Univ. Vt., '89.....	Terryville
Wells, D. B., B.A., Yale, '07	Johns Hopkins, '12.....	Hartford
Wells, E. A., B.A., Yale, '97	Johns Hopkins, '01.....	Hartford
Wersehe, F. W.	Univ. N. Y., '98.....	Washington
West, R. B.	Univ. N. Y., '79.....	Guilford
Westervelt, M. Z.	Homeo., N. Y., '99.....	New Haven
Wheatley, L. F.	Tufts, '03.....	Meriden
Wheeler, F. H., B.A., Yale, '80	Yale, '82.....	New Haven
Wheelock, A. A.	Univ. Vt., '97.....	New Canaan
Whipple, B. N.	Yale, '07.....	Bristol
White, B. W.	L. I. Hosp. Coll., '86.....	Bridgeport
White, H. R.	Yale, '12.....	New Haven
White, R. C.	Univ. Vt., '89.....	Willimantic
Whiting, L. C.	Md. Med. Coll., '12.....	New Haven
Whittemore, E. R., B.A., Yale, '98	P. & S., N. Y., '02.....	New Haven
Whittemore, F. H.	Bellevue, '74.....	New Haven
Wiedman, O. G.	Univ. Penn., '05.....	Hartford
Wight, G. D.	Bellevue, '87.....	Bethel
Williams, C. M.	P. & S., N. Y., '98.....	New York
Wilmot, L. H.	Univ. N. Y., '91.....	Ansonia
Wilson, F. E.	Univ. Vt., '11.....	Montville
Wilson, J. C.	Univ. Vt., '04.....	Hartford
Wilson, L. A.	Yale, '10.....	Meriden
Wilson, McL. C.	Cornell Med. Sc., '04.....	West Hartford
Wilson, W. P.	P. & S., Balt., '90.....	address unknown
Winne, W. N.	Univ. N. Y., '97.....	New Haven
Winship, E. O.	Univ. Vt., '00.....	New London
Witter, O. R.	P. & S., N. Y., '01.....	Hartford
Wolff, A. J.	Tex. Med. Coll., '76, Bellevue, '83, Hartford	
Woodford, C. N.	Univ. Louisville, '08.....	Naugatuck
Woodward, H. B., B.S., Wesleyan, '08 ...	Johns Hopkins, '12.....	Terryville
Wooster, C. M.	Univ. N. Y., '79.....	Tariffville
Worthen, T. W.	Dartmouth, '11.....	Hartford
Wright, A. B.	P. & S., N. Y., '95.....	Hartford
Wright, F. W.	Bellevue, '80.....	New Haven
Wright, G. H.	P. & S., N. Y., '94.....	New Milford
Wright, J. W., B.A., Amherst, '77	Univ. N. Y., '80.....	Bridgeport
Wright, T. G.	Univ. N. Y., '65.....	New York
Wurtenburg, W. C., Ph.B., Yale, '89.....	Yale, '93.....	New Haven
Yergason, R. M.	P. & S., Balt., '09.....	Hartford
Young, C. B.	P. & S., N. Y., '94.....	Middletown
Young, J. F.	P. & S., N. Y., '13.....	New London
Young, T. H.	Yale, '95.....	New Haven
Zink, C. E., B.A., Balt. Univ.	Balt. Univ., '00.....	Durham

